



County Borough of Great Yarmouth

REPORT

OF

**The Medical Officer
of Health,**

The Port Medical Officer

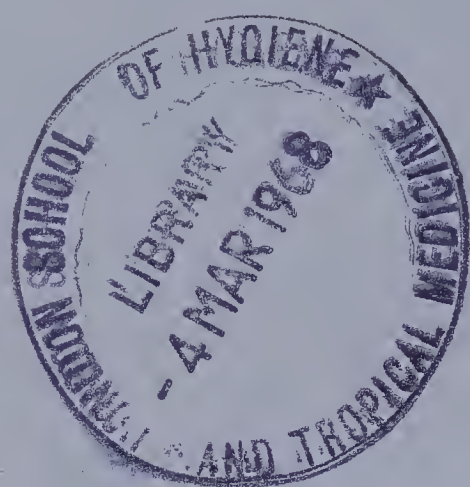
AND

**The Principal School
Medical Officer**

for the Year

1956

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of Health,**

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HEALTH COMMITTEE

1956 - 1957

The Mayor :

Alderman Mrs. L. M. GILHAM, J.P.

Chairman :

Councillor L. F. BUNNEWELL

Vice-Chairman :

Councillor T. H. STYLES

Members :

Alderman Mrs. K. M. ADLINGTON

Alderman W. E. MOBBS

Councillor F. S. C. ANDREWS, PH.C., M.P.S.

Councillor E. E. BUCK

Councillor K. L. COLLETT

Councillor W. J. DAVY

Councillor J. DUNBAR

Councillor R. C. HANNANT, PH.C.

Councillor Mrs. C. V. HOUGHTON (until 5/2/57)

Councillor Mrs. L. L. PHILPOT

Councillor Mrs. M. M. STONE

Councillor A. H. WILLIAMS

COUNTY BOROUGH OF GREAT YARMOUTH

HEALTH OFFICERS OF THE AUTHORITY

1956

Medical Officer of Health

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.

Deputy Medical Officer of Health

G. M. REYNOLDS, M.B., B.CH., B.SC., D.P.H.

Assistant Medical Officer of Health

M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.

Senior Dental Officer

W. NICHOLLS, L.D.S., R.C.S.

Assistant Dental Officer

K. L. HARRIES, L.D.S., R.F.P.S.

Chest Physician (Part-time)

I. M. YOUNG, M.B., CH.B.

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

*† F. R. PARMENTER

Deputy Chief Public Health Inspector

*† F. T. PORTER

District Public Health Inspectors

*L. V. BAILEY (from 3/12/56)

*R. COLEMAN

*M. C. DUFFIELD (until 17/3/56)

*K. W. RAGER (from 23.4.56)

*A. C. TATTERSALL

*†H. D. WILLIAMS (from 24.9.56)

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

Rodent Officer

A. O. SCOTT

Superintendent Nursing Officer

MISS M. E. YOUNGS, S.R.N., S.C.M., Q.N.S., H.V.CERT.

Deputy Supervisor of Midwives

MRS. E. M. F. BARRETT, S.R.N., S.C.M., Q.N.S. (resigned 27/4/56)

Midwives

MISS J. L. BEALES, S.R.N., S.C.M.

MRS. W. DONALDSON, S.R.N., S.C.M.

MISS E. GLUCKSMANN, S.C.M.

MISS R. F. HOBBS, S.R.N., S.C.M. (from 31/7/56)

MRS. A. KLEPPE, S.C.M.

MISS M. KNIGHTS, S.R.N., S.C.M.

MISS M. E. NEAVE, S.E.A.N., S.C.M.

MRS. C. THOMSON, S.C.M.

Health Visitors

MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT.

MISS C. CONWAY, S.R.N., S.C.M.

MISS J. JONES, S.R.N., S.C.M., Q.N.S., H.V.CERT.

MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.

MRS. E. M. CHARMAN, S.R.N., S.C.M., H.V.CERT.

Tuberculosis Health Visitor

MISS M. BIRD, R.S.C.N., S.C.M., H.V.CERT.

Home Nurses

MISS E. M. LENNARD, S.R.N., S.C.M., Q.N.S. (retired 25/6/56)

MISS N. BISHOP, S.E.A.N.

MRS. K. ELLIS-SMITH, S.E.A.N.

MRS. M. E. GARDINER, S.R.N.

MISS I. GILLINGS, S.E.A.N.

MRS. C. E. GOMPERTZ, S.R.N. (from 18.6.56)

MRS. A. HALL, S.R.N.

MISS L. LEWIS, S.R.N., R.F.N.

MRS. M. PRATT, S.E.A.N.

Mental Health Worker

MISS A. BENSON

Duly Authorised Officers (Part-time)

G. H. HOWLETT

G. E. SKIPPER

Ambulance Officer

J. DERRY

Chief Clerk

J. SAUNDERS, A.C.C.S.

HEALTH DEPARTMENT
TOWN HALL
GREAT YARMOUTH

10th September, 1957.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF GREAT YARMOUTH.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to present my annual report on the health of the Borough for the year 1956. This is the ninth report that I have compiled and the seventy-ninth in the series of reports that have been presented to the Council.

VITAL STATISTICS.

There are no remarkable features in the vital statistics in the town. Their trends are largely the same as those for England and Wales.

The number of births increased from the low level of last year. Stillbirths were rather above the average and the infant mortality rate was about the same as the national figure, which was a new low record.

Tuberculosis continued to diminish in importance as a cause of death and cancer to increase.

INFECTIOUS DISEASES.

The incidence of notifiable infectious diseases was extremely low and there were no deaths from these causes other than pneumonia and tuberculosis. No cases of poliomyelitis occurred.

Among non-notifiable diseases there was an outbreak of influenza in the first quarter of the year, but it was not particularly widespread or severe.

FOOD POISONING.

Once again there was no outbreak of food poisoning originating in a public catering establishment. In view of the mushroom growth of public restaurants and other catering establishments during the holiday season, and of the pressure under which they are working, the freedom of the town from outbreaks of food poisoning is almost as surprising as it is satisfactory. The new Food Hygiene Regulations, which came into operation on the 1st January 1956, will help to maintain this record, but the most valuable asset is the good relationship and co-operation which has been established between the department and the various persons and firms associated with the food industry in the town.

The fact that there were nine family outbreaks of food poisoning gives warning that the organisms responsible are prevalent in the town

and that only the strictest attention to the hygiene of food handlers will prevent their being more widely disseminated. It also suggests that there is need for tightening up the hygiene standards of those responsible for preparing and serving food in the home.

TUBERCULOSIS.

The number of deaths from pulmonary tuberculosis reached a new low level of 4. This represents 1 in 163 of all deaths in the town and, when contrasted with the figure of 1 in 16 for the year 1903, it gives some measure of the great progress which has been made in the control of this disease.

The trend of the figures for new notifications is, unfortunately, not so favourable and, although this is doubtless partly due to a better standard of ascertainment and notification, yet there can be no complacency about this disease while the figure remains at its present level.

A notable feature is the number of tuberculous persons who move into the town. Out of 45 new cases which came to notice, 15 were transfers from other areas, but this is perhaps to be expected in a holiday resort.

MATERNITY.

In the year under review, there was further development by the department of the facilities for the training and education of expectant mothers. The midwives maternity clinics and the relaxation classes were both very popular and much good work was done in them.

Whilst these new developments are welcome, I am still of the opinion which I expressed in my report for 1952 that the organisation of the maternity services within the National Health Service is not satisfactory. The *Report of the Committee of Enquiry into the Cost of the National Health Service*, which was presented to Parliament in January 1956, stated that the evidence indicated that "*the maternity services are in a state of confusion which must impair their usefulness and which should not be allowed to continue*" and they recommended that an appropriate body should review the whole of this field. The following significant extract from the recommendations of the Committee is quoted in full :—

"While it is not for us to prejudge the work of any committee that might be appointed to review the maternity services, we would suggest that the following principles might be borne in mind :—

- (i) Preventive medicine begins with the expectant mother and her unborn child. It is vitally important that all expectant mothers should receive advice on mothercraft, diet, care of the unborn child, etc., and that the responsibility for providing this advice should be clearly known to the authorities and officers concerned. The appropriate measures taken at this time of the mother's life will have a beneficial effect on the health (including the dental health) of future generations.
- (ii) As the numbers of women attending local authority ante-natal clinics have fallen since the Appointed Day, it may be that many women are now failing to receive the instruction they need in

preventive health, and steps should be taken to make good this omission. If, for example, a woman has booked a doctor to provide maternity medical services, the doctor should be responsible either for providing *the whole* of the necessary instruction himself or (and this is most likely to apply in the majority of cases) advising the woman to attend the local authority clinic. The same obligation should lie on the hospital which has booked a maternity case, i.e., either to provide *the whole* of the appropriate instruction at the hospital or to arrange for its provision through the local authority clinics. As we understand it, there are at present only a few hospitals which provide training in mothercraft as well as medical ante-natal and post-natal treatment.

(iii) The role of the local authority clinic may have changed in recent years, but it is just as important now under its new guise as it was under the old; and we should consider it a most retrograde step if the organisation of the maternity services under the National Health Service were to discourage mothers from attending the clinics, without at least providing equivalent services by some other means.

Accordingly, we recommend that the organisation of the maternity services under the National Health Service be reviewed at an early date, bearing in mind the principles outlined in (i) to (iii) above."

AMBULANCE SERVICE.

The figures in the report suggest that the demands on this Service are at last becoming stabilised.

There are considerable difficulties in maintaining a twenty-four hour ambulance service in a town of this size while keeping the costs within reasonable bounds. In the last few years it has become clear that these are being overcome, without reducing the standards of the Service.

POLIOMYELITIS VACCINATION.

The report contains details of the local arrangements for offering and administering the limited amounts of poliomyelitis vaccine which was provided by the Ministry of Health.

A feature of this scheme is the amount of publicity which has surrounded it. The only circumstances in which it is wise to attract publicity to a vaccination scheme is when there are unlimited supplies of an established vaccine available and when it is desired to persuade the public to avail themselves of its benefit. If this be accepted, it is difficult to understand why this new and untried vaccine in limited supply was introduced with all the resources of modern publicity. The floodlight has constantly been turned on this subject ever since.

Those who are working in immunisation and vaccination clinics look back with envy to the days when professional people could pursue work of this kind with responsibility only to their patients and to their professional principles and without the feeling that there is a reporter constantly looking over their shoulders.

But in addition to this professional aspect, there is little doubt that the wide and sometimes sensational publicity regarding poliomyelitis and the vaccine is responsible for a large amount of unnecessary worry and distress among the people of this country.

STAFF.

Miss E. M. Lennard, the Senior Nurse in the Home Nursing Service, retired during the year. She had given many years to district nursing in this town, first with the Great Yarmouth Queen's Nursing Association and then with the local authority as part of the National Health Service. Her devotion to the welfare of her patients and her high nursing principles made her a most valued member of the staff, and many of the townspeople will remember her services with gratitude.

The shortage of public health inspectors, which has proved to be a most serious problem in recent years, was overcome during 1956, at any rate for the time being.

ACKNOWLEDGEMENTS.

The Council learned with very deep regret of the death, in February 1956, of Councillor Miss D. M. Draper, the Vice-Chairman of the Health Committee and at their meeting on the 6th March respect was paid to her memory. After many years' association with the education of children, she gave much of her retirement to the activities of the Council and she was particularly interested in health matters. She will be remembered for the sincerity of her devotion to the welfare of the people of the town.

I am again most grateful to the Council, particularly to the Chairman and members of the Health Committee, for their continued encouragement and support. To the staff, whose hard work and efficiency have contributed to the progress recorded in this report, I extend my sincere thanks.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

Medical Officer of Health.

STATISTICS

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GENERAL STATISTICS, 1956

Population—Census, 1951	51,105
Population—1956 (estimated by Registrar General)	51,500
Area of the Borough (acres)	...	...	...	4,533
No. of persons per acre	...	...	...	11
Rateable value (1st April 1956)	...	...	...	£850,411
Product of a penny rate (estimated 1956/57)	...	...	...	£3,490

* * *

BIRTHS

		Total	M.	F.
Live births legitimate	..	682	356	326
Live births illegitimate	...	56	30	26
		<hr/> 738	<hr/> 386	<hr/> 352

Crude birth rate	...	...	...	14.33
Adjusted birthrate (area comparability factor 1.03)			...	14.76
		Total	M.	F.
Stillbirths legitimate	...	21	10	11
Stillbirths illegitimate	...	—	—	—
		<hr/> 21	<hr/> 10	<hr/> 11

Stillbirth rate (per 1,000 total births)	27.67
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* * *

DEATHS

		Total	M.	F.
Deaths (civilians)	...	656	345	311
Crude death rate	12.74
Adjusted death rate (area comparability factor 0.93)			...	11.85
Deaths from puerperal causes	...	...	...	—
Deaths of infants under 1 year of age, legitimate	14	6	8	
Deaths of infants under 1 year of age, illegitimate	3	1	2	
		<hr/> 17	<hr/> 7	<hr/> 10

Death rate of infants under 1 year of age—

All infants per 1,000 live births	...	...	23.03
Legitimate infants per 1,000 legitimate live births	...	...	20.53
Illegitimate infants per 1,000 illegitimate live births	...	...	53.57

		Total	M.	F.
Deaths from cancer (all ages)	...	125	74	51
„ „ measles (all ages)	...	—	—	—
„ „ whooping cough (all ages)	...	—	—	—
„ „ gastritis and enteritis (under 2 years of age)	...	—	—	—
„ „ diphtheria (all ages)	...	—	—	—

METEOROLOGY

The following table gives particulars of the weather observed at the Gorleston Meteorological Station. It follows the same pattern as the ones published in previous reports and enables comparisons to be made from year to year. The particulars are based on those included in the Registrar General's weekly statistical returns for England and Wales.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°F	°F	°F	°F		hours	hours
January	51	29	43.3	35.1	2.56	2.34	8.1
February	48	19	34.2	27.6	2.60	1.88	9.6
March	57	30	44.1	36.7	0.98	4.79	11.8
April	62	30	46.9	37.3	0.79	4.94	13.9
May	73	32	59.1	45.2	0.35	8.22	15.8
June	70	43	60.5	49.2	1.61	5.44	16.6
July	79	50	66.3	56.4	1.73	5.53	16.3
August	70	46	64.2	52.6	3.35	5.13	14.9
September	69	44	62.2	53.1	1.45	5.01	12.8
October	65	38	56.6	46.1	2.95	4.26	10.7
November	53	34	48.1	41.6	1.61	1.83	8.9
December	56	30	46.6	39.9	1.61	1.00	7.7

As will be seen from the table, the outstanding features of the weather were the exceptionally cold February, the dry, cold but sunny spring, the wet, cool summer and the comparatively dry autumn.

The total rainfall for the year was 21.14 inches. This was 3.22 inches more than in 1955, but 1.98 inches less than the annual average for the ten years immediately prior to the war. March, April and May were dry and less than one inch of rainfall was recorded in each of these months. The total rainfall of 2.12 inches during this period must be one of the smallest ever recorded.

The wet weather came at the beginning of June and continued for the remainder of the summer. August, with a total of 3.35 inches, had the highest rainfall for the second time in the past three years.

Although the summer was wet, sunshine recordings were average and the mean daily rate was over 5 hours during each of the months from May to September. May, with a mean daily rate of 8.22 hours, had the most sunshine and this was higher than for any other month since April 1953 when the Registrar-General began to include particulars of the weather observed at Gorleston in the weekly returns.

February was by far the coldest month of the year. Thirteen degrees of frost were recorded during the first week and the mean maximum and minimum temperatures were more than 7°F. below those for any other month. Freezing point was still being recorded as late as the third week in May.

Air temperatures were at their highest in July when the readings resulted in a maximum of 66.3°F. A recording of 79°F. was made during the fourth week and this was six degrees more than the next highest air temperature which came towards the end of May.

POPULATION

The estimated mid-year population as given by the Registrar-General was 51,500. This was 100 less than the figure for the previous year and was over 2,000 below the estimated population for the year 1938.

The natural increase in the population (the excess of births over deaths) amounted to 82 compared with increases of 46, 44 and 18 in the years 1953, 1954 and 1955. The following figures ascertained at each census since 1881 show the rise and fall in the population over the past seventy years.

1881	1891	1901	1911	1921	1931	1951
46,214	49,318	51,316	55,808	60,710	56,769	51,105

Between 1881 and 1921 there was an increase in the population which was comparable with the national trend. Since then, despite a further increase (amounting to 15 per cent) in the population for England and Wales, the local population has gradually declined until it is now about the same as it was at the beginning of the century.

The table on page 25 gives particulars of the population for each year since before the war.

As indicated in previous reports, these figures take no account of the very great increases in the population which take place during the holiday and fishing seasons which together cover about six months of the year.

MARRIAGES

The number of persons married during the year was the highest since 1950. The figure of 918 was 56 more than in 1955 and resulted in a marriage rate of 17.82 per 1,000 population, an increase of 1.12 per 1,000 population on the rate recorded for 1955.

The marriage rate for England and Wales was 15.8, which was 0.3 less than that for 1955. Previous marriage rates for the Borough and for England and Wales as a whole are given in the table on page 25.

BIRTHS

LIVE BIRTHS.

Registered live births showed an increase from 696 in 1955 to 738 in 1956. Of these, 386 were males and 352 were females. The total

resulted in a crude live birth rate of 14.33 per 1,000 population and an adjusted rate of 14.76 which was 0.86 more than in 1955.

The provisional rate for England and Wales was 15.7 per 1,000 population. This was 0.7 higher than that for 1955 and the highest since 1950.

Of the 738 live birth, 56 were illegitimate. Illegitimate to legitimate births were therefore in the ratio of 1 to 13, the same as last year. Expressed in relation to 1,000 live births the local rate was 76 compared with 46 for England and Wales.

The table on page 25 gives the variations in the live birth rate since before the war.

STILLBIRTHS.

There was an increase in the number of stillbirths from 14 in 1955 to 21 (10 male and 11 female) in 1956. This resulted in a rate of 27.67 per 1,000 total (live and still) births which was higher than at any time since 1950. The provisional rate for England and Wales was 23.0 per 1,000 total (live and still) births compared with 23.2 for 1955.

MORTALITY

GENERAL.

The number of deaths attributable to the Borough after adjustment for inward and outward transfers was 656 (345 males and 311 females). This was 22 less than in 1955 and resulted in a crude death rate of 12.74 per 1,000 population as compared with 13.14 in 1955 and 12.38 in 1954. The adjusted death rate was 11.85 per 1,000 population, compared with 11.43 and 10.8 in 1955 and 1954 respectively. The death rate for England and Wales was 11.7 per 1,000 population, the same as that recorded for 1955.

It will be noted that whilst the crude death rate for 1956 is below that recorded in the previous year, the adjusted rate is slightly higher. This is due to a change in the area comparability factor (from 0.87 to 0.93) which is supplied to the department by the Registrar-General. This factor is a statistical device which makes allowance for the way in which the sex and age distribution of a local population differs from that for England and Wales as a whole. When a crude rate is multiplied by this factor, the resultant rate is comparable with the correspondingly adjusted rate for any other area and with the rate for England and Wales as a whole.

A table giving particulars of the causes of death in age groups is shown on page 24. This table uses the international categories adopted by the Registrar-General. The table on page 23 gives the numbers of deaths for each sex and the percentage of deaths at various age groups during the year.

Deaths of persons over the age of 64 years numbered 493 compared with 488 in 1955. The percentage of deaths in this age group was 75.15, compared with 71.97 per cent for the previous year. The percentage of deaths in this age group fifty years ago was 31.89.

There were 24 deaths of persons under the age of 15 years. This was 2 less than in 1955 and represented 3.66 per cent of the total deaths.

The number of deaths in institutions was 316 which was 48.17 per cent of the total deaths compared with 52.66 per cent in 1955. The Coroner held inquests on 25 deaths and 35 other deaths were certified by the Coroner without inquest.

The main causes of death were again heart disease, cancer and vascular lesions of the nervous system. The number of deaths in each of these categories during the past two years, along with the rate per 1,000 population and the percentage of total deaths, is shown in the following table.

Cause of death	1955			1956		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease— all forms	218	3.68	32.16	208	3.76	31.71
Cancer— all forms	117	1.97	17.26	125	2.26	19.05
Vascular lesions of central nervous system	123	2.07	18.14	103	1.86	15.70

HEART DISEASE.

There was little change in the number of deaths attributable to heart disease. Coronary disease, angina, hypertension with heart disease and other heart disease accounted for 208 deaths, 10 less than in 1955. All but 30 of these deaths (87.98 per cent) were of persons over the age of 64 years.

CANCER.

There was a slight increase (from 117 to 125) in the number of deaths from cancer. This was 6 more than the average number of deaths from this cause over the past five years and resulted in a death rate of 2.26 per 1,000 population compared with a national rate of 2.08. Of every five persons who died in the Borough during 1956, one died from some form of cancer.

The number of deaths due to cancer of the lung or bronchus rose from 17 (15 male and 2 female) in 1955 to 26 (20 males and 6 females) in 1956. This was 9 more than the annual average since 1950 when the Registrar-General's classification first showed the various forms of cancer to which deaths were attributable. Male deaths from cancer totalled 74 of which 20, or nearly 27 per cent, were certified as due to

cancer of the lung or bronchus. With females, out of a total of 51 deaths from cancer, only 6, or less than 12 per cent, were ascribed to this cause.

The following table gives particulars of the age and sex distribution of all deaths from cancer or bronchus over the past seven years. The figures are small but they do show that there was an appreciable increase in 1956 over the annual average for the six preceding years.

Deaths from cancer of the lung or bronchus, 1950 - 1956								
Year	Under 45		45 - 64		65 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
1950	3	—	6	2	3	—	12	2
1951	1	—	7	3	4	—	12	3
1952	—	—	3	1	5	3	8	4
1953	—	—	10	1	8	—	18	1
1954	1	—	6	3	11	1	18	4
1955	1	—	9	1	5	1	15	2
Total	6	—	41	11	36	5	83	16
Annual average	1	—	7	2	6	1	14	3
1956	1	—	12	3	7	3	20	6

TUBERCULOSIS.

Deaths from respiratory tuberculosis fell from 12 in 1955 to 4 in 1956. This resulted in an adjusted death rate of 0.07 per 1,000 population which was the lowest ever recorded in the Borough. The rate for England and Wales was 0.11 per 1,000 population.

Non-pulmonary tuberculosis accounted for 2 deaths, 1 male and 1 female. The causes of death were tuberculosis of the kidney and tuberculous peritonitis.

The table on page 31 shows the number of deaths and the resultant death rates for pulmonary and non-pulmonary forms of the disease for each year since 1939.

OTHER DEATHS.

Deaths resulting from motor vehicle accidents numbered 4, 2 less than in 1955. There was one suicide, compared with 6 the previous year; death was certified as being due to carbon monoxide poisoning.

There were no deaths from notifiable diseases apart from tuberculosis and pneumonia.

INFANT MORTALITY.

There were 17 deaths (7 male and 10 female) of infants under the age of one year, 5 less than in 1955. This resulted in an infant mortality rate of 23.0 per 1,000 live births. The rate for England and Wales was 23.8 per 1,000 which was the lowest ever recorded in this country.

The causes of death as classified by the Registrar-General are given in the table on page 24 but the following is a more complete analysis :—

5 were due to prematurity; 4 of these were born in hospital and all of them died there.

2 were due to broncho-pneumonia.

3 were due to congenital or constitutional defects.

3 were due to inhalation of vomit. One of these was in a premature baby, aged 3 days, and occurred in hospital. Another was in a child of 2 months and the finding of the inquest was accidental death. The third was in a debilitated infant aged 3 weeks. This death was also the subject of an inquest.

2 were due to pulmonary atelectasis; 1 was born in hospital and both died there.

1 was due to haemorrhagic disease of the new born. This child was born at home and died in hospital.

1 was a body of a child aged 1 week found on the beach. The cause of death was not ascertainable owing to putrefaction, and an open verdict was returned at the inquest.

NEONATAL MORTALITY.

Of the 17 infant deaths referred to in the previous section, 14 took place within the first four weeks of life and were thus in the neonatal group.

This resulted in a neonatal rate of 18.97 per 1,000 live births compared with 21.55 in 1955.

The rate for England and Wales fell from 17.3 per 1,000 in 1955 to 16.9 in 1956. This was the lowest rate ever recorded.

PERINATAL MORTALITY.

This is a term which has become increasingly common in recent years. It is used to describe the combination of stillbirths with deaths occurring during the first week of life.

The perinatal mortality rate was 44.80 per 1,000 live and still births compared with 39.44 per 1,000 in 1955 and 31.41 in 1954. The national rate for 1954 (the latest figure available at the time this report was written) was 38.0. In 1948 it was 38.2 and there has been no upward or downward trend since then.

MATERNAL MORTALITY.

There were no deaths attributable to maternal causes.

Sex Incidence and Percentage of Deaths in Age Groups

	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Total 1956	Total 1955
Males	7	2	3	—	10	75	114	134	345	353
Females	10	1	1	1	8	45	66	179	311	325
Total	17	3	4	1	18	120	180	313	656	678
% of total	2.6	0.5	0.6	0.2	2.7	18.3	27.4	47.7	—	—

COUNTY BOROUGH OF GREAT YARMOUTH.
CAUSES OF DEATH BY SEX AND AGE GROUP.
1956.

Cause of death	Males	Females	All ages	Age Groups							
				Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over
Tuberculosis, respiratory	3	1	4	—	—	—	—	2	1	1	—
Tuberculosis, other ...	1	1	2	—	—	—	—	1	—	—	1
Syphilitic disease ...	3	—	3	—	—	—	—	—	1	2	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	1	1	—	—	—	—	—	1	—	—
Malignant neoplasm, stomach	15	10	25	—	—	—	—	—	4	11	10
Malignant neoplasm, lung, bronchus ...	20	6	26	—	—	—	—	1	15	7	3
Malignant neoplasm, breast	—	10	10	—	—	—	—	1	4	1	4
Malignant neoplasm, uterus	—	1	1	—	—	—	—	—	1	—	—
Other malignant and lymphatic neoplasms ...	39	24	63	—	—	2	1	4	15	19	22
Leukæmia, aleukæmia ...	—	—	—	—	—	—	—	—	—	—	—
Diabetes ...	2	5	7	—	—	—	—	—	1	4	2
Vascular lesions of nervous system ...	49	54	103	—	—	—	—	1	14	30	58
Coronary disease, angina ...	69	33	102	—	—	—	—	1	19	35	47
Hypertension with heart disease	1	3	4	—	—	—	—	—	—	1	3
Other heart disease ...	41	61	102	—	—	—	—	—	10	27	65
Other circulatory disease ...	15	17	32	—	—	—	—	1	7	5	19
Influenza ...	2	4	6	—	—	—	—	—	—	1	5
Pneumonia ...	12	7	19	3	—	—	—	—	1	3	12
Bronchitis ...	24	14	38	—	—	—	—	—	5	13	20
Other diseases of respiratory system ...	2	3	5	—	—	—	—	—	—	2	3
Ulcer of stomach and duodenum ...	2	1	3	—	—	—	—	—	1	—	2
Gastritis, enteritis and diarrhœa	1	1	2	—	—	—	—	1	—	1	—
Nephritis and nephrosis ...	3	2	5	—	—	—	—	1	—	2	2
Hyperplasia of prostate ...	7	—	7	—	—	—	—	—	1	2	4
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	2	2	4	2	1	—	—	1	—	—	—
Other defined and ill-defined diseases ...	17	34	51	9	—	1	—	1	12	8	20
Motor vehicle accidents ...	2	2	4	—	—	—	—	1	1	2	—
All other accidents ...	12	12	24	3	2	—	—	—	6	2	11
Suicide ...	—	1	1	—	—	—	—	—	—	1	—
Homicide and operations of war ...	1	1	2	—	—	1	—	1	—	—	—
ALL CAUSES ...	345	311	656	17	3	4	1	18	120	180	313

VITAL STATISTICS

GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			MARRIAGES			DEATHS		INFANT MORTALITY			NEO-NATAL MORTALITY				STILLBIRTHS		
		Number	Rate per 1,000 population		Number (persons)	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths	
			Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales
1931	56,769	844	14.8	15.8	870	15.3	15.6	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41
1938	53,780	756	14.1*	15.1	1,142	21.2	17.6	663	10.7	11.6	39	51.6	52.8	27	35.7	27.2	33	41.8	38.3
1939	53,090	758	14.3*	14.8	1,234	23.3	21.2	719	11.9†	12.1	32	42.1	50.6			27.2	24	30.6	38.1
1940	43,730	705	16.1*	14.1	1,234	28.2	22.5	762	15.1	14.4	40	62.5	56.8			28.6	27	36.9	37.2
1941	28,350	570	20.1*	13.9	734	25.9	18.6	593	20.9*	13.5	19	43.4	60.0			27.9	23	38.8	34.8
1942	25,200	469	18.6*	15.6	706	28.0	17.7	443	17.6*	12.3	17	36.2	50.6			26.2	19	38.9	33.2
1943	26,140	560	21.4*	16.2	584	22.3	14.0	487	18.6*	13.0	25	44.6	49.1			25.2	11	19.3	30.1
1944	28,340	657	23.2*	17.7	606	21.4	14.3	408	14.4*	12.7	16	24.4	45.4			24.4	16	23.8	27.6
1945	34,250	672	19.6*	15.9	906	26.5	18.7	537	15.7*	11.4	29	43.2	46.0			24.8	27	38.6	27.6
1946	43,370	1,048	24.2*	19.2	984	22.7	18.0	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2
1947	47,410	1,078	22.7*	20.5	910	19.2	18.6	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1
1948	50,140	951	19.0*	17.8	988	19.7	18.2	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2
1949	50,460	813	16.1*	16.7	850	16.9	17.1	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7
1950	51,310	771	15.2	15.8	962	18.8	16.3	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6
1951	51,105	729	14.4	15.4	824	16.1	16.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1
1952	50,900	739	14.7	15.3	876	17.2	15.8	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7
1953	51,300	715	14.1	15.4	868	16.9	15.6	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5
1954	51,550	782	15.6	15.2	808	15.7	15.4	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0
1955	51,600	696	13.9	15.0	862	16.7	16.1	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.1
1956	51,500	738	14.8	15.7	918	17.8	15.8	656	11.9	11.7	17	23.0	23.8	14	19.0	16.9	21	27.7	23.0

^ blank space on the table indicates that the information is not available.

* Crude rate.

† Based on a population figure 52,780 as issued by Registrar General.

INFECTIOUS DISEASES

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INFECTIOUS DISEASES

The table on the following page gives particulars of notifications of infectious diseases during the year 1956.

The most notable feature of the table is the extremely small incidence of infectious diseases throughout the year. Notifications were generally on a very low level. There were no cases of poliomyelitis and, for the fourth successive year, there were no cases of diphtheria. The incidence of sonne dysentery was also remarkably low.

FOOD POISONING.

The only notifiable disease in which the incidence was higher than usual was food poisoning with 45 notifications compared with 5 last year. The following table analyses these cases. For the purposes of the table an outbreak is taken to consist of two or more related cases, and all the recorded outbreaks were small. One involved four persons, one three persons and all the others only two. All were family outbreaks and none involved a catering establishment. In view of the large amount of public catering carried on in the town this can be regarded as very satisfactory but there is clearly need to improve the standard of food hygiene in private homes.

Food Poisoning Notifications (corrected) returned to Registrar General.

1st quarter	2nd quarter	3rd quarter	4th quarter	Total
—	28	11	6	45

Outbreaks due to Identified Agents.

Total outbreaks — 9. Total cases — 24.

Outbreaks due to :—

(a) Chemical Poisons	—
(b) Salmonella Organisms	7
(c) Staphylococci including toxin	2
(d) Cl. Botulinum	—
(e) Other Bacteria	—

Outbreaks of Undiscovered Cause.

Total outbreaks — 5. Total cases — 10.

Single Cases.

Salmonella Organisms — 5. Unknown cause — 6. Total — 11.

COUNTY BOROUGH OF GREAT YARMOUTH.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1956	Total 1955
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	1	3	8	24	—	1	—	—	—	37	17
Whooping cough	—	6	2	4	—	—	—	—	—	—	12	187
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	1	1	6	—	—	—	—	—	—	8	177
Pneumonia	—	—	—	1	1	—	5	4	10	—	21	21
Meningococcal infection	—	—	1	—	—	—	—	—	—	—	1	1
Acute poliomyelitis												
Paralytic	—	—	—	—	—	—	—	—	—	—	—	4
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	1	2	1	1	—	4	2	1	—	12	80
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	1	1
Puerperal pyrexia	—	—	—	—	—	—	4	—	—	1	5	7
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	1	—	—	—	1	—
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	1	7	4	10	4	3	6	4	1	5	45	5
Erysipelas	—	—	—	—	—	—	—	3	36	—	9	8
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	—	—	—	—	—	2	—	—	—	2	3
Total	2	16	13	30	30	3	23	13	18	6	154	511

TUBERCULOSIS.

The total number of cases on the register at the end of the year was 375, compared with 365 at the end of 1955. They were classified as follows :—

	Men	Women	Children	Total
Pulmonary	176	139	18	333
Non-pulmonary	18	17	7	42
Total	194	156	25	375

The numbers of cases (both pulmonary and non-pulmonary) remaining on the register in the years since 1947 are shown below :—

1947 — 284	1950 — 338	1953 — 346
1948 — 301	1951 — 357	1954 — 348
1949 — 313	1952 — 351	1955 — 365
		1956 — 375

New Cases.

The total number of new cases which came to notice was 45, of which 29 were formal notifications and 15 transfers from other areas. Of the 29 notifications, 13 resulted from the Mass Miniature Radiography survey carried out during the year. One unnotified case was made known through a death certificate. It was of a man aged 81, whose kidney disease was found to be of tuberculous origin.

Analysis of formal notifications :—

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	2	6	4	4	—	2	1	—	19
Females	—	—	—	—	1	3	1	1	2	—	—	—	—	8
Non-pulmonary														
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	1	1	—	—	—	—	2

The number of formal notifications gives a notification rate for all forms of the disease of 0.56 per 1,000 population compared with 0.48 per 1,000 in 1955.

The rate for the pulmonary form was 0.52 per 1,000 and the non-pulmonary form 0.04 per 1,000, compared with 0.41 and 0.08 in 1956.

The table at the end of this section gives particulars of the incidence of tuberculosis in each year since 1939.

Mortality.

There were 4 deaths from pulmonary tuberculosis during the year, giving a death rate of 0.08 per 1,000 population, compared with 0.20

in 1955. The corresponding death rate for England and Wales was 0.11. Five other notified cases of pulmonary tuberculosis died from other causes during the year.

There were 2 deaths from non-pulmonary tuberculosis, the registered causes of death being tuberculosis of the kidney in both cases. One was a woman aged 40 and the other a man of 81.

The 4 deaths from pulmonary tuberculosis were all of patients whose disease was of many years' standing, and whose lives had been prolonged by chemotherapy.

The following table gives an analysis of the deaths in age groups :—

	0 -	1 -	5 -	15 -	25 -	45 -	65 -	75 +	Total
Pulmonary									
Males	—	—	—	—	1	1	1	—	3
Females	—	—	—	—	—	1	—	—	1
Non-pulmonary									
Males	—	—	—	—	—	—	—	1	1
Females	—	—	—	—	1	—	—	—	1
Total	—	—	—	—	2	2	1	1	6

The numbers of notifications and deaths from all forms of the disease, with the resultant rates per 1,000 population, for each year since 1939, are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1939	49	6	0.93	0.11	27	2	0.51	0.38
1940	47	2	1.07	0.05	30	5	0.69	0.11
1941	42	8	1.48	0.28	21	3	0.74	0.11
1942	37	9	1.47	0.36	20	2	0.79	0.08
1943	25	6	0.96	0.23	21	3	0.80	0.11
1944	30	5	1.06	0.18	10	2	0.35	0.07
1945	37	5	1.08	0.15	25	2	0.72	0.06
1946	41	5	0.95	0.11	34	6	0.78	0.14
1947	37	3	0.78	0.06	28	1	0.59	0.02
1948	41	10	0.81	0.19	26	7	0.51	0.14
1949	50	3	0.99	0.05	17	1	0.33	0.02
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04

INFLUENZA

There was an outbreak of influenza in the town which appeared to start about the beginning of January, to reach its peak in the first week of February and to have subsided completely by the end of March. The outbreak was not particularly widespread or particularly severe. Symptoms lasted about three days, but in a few cases the disease was complicated by bronchitis or pneumonia. As an index of the extent of the outbreak it may be noted that, while the average number of sickness benefit claims in the town is 125, the number during the week ended 7th February was 338. The outbreak was reflected in the mortality during this period. The average number of weekly deaths is 15; in the week ended the 11th February the number had risen to 35.

Specimens of blood and of throat washings were submitted to the laboratory with a view to determining the type of virus causing the outbreak. The results were not conclusive but, so far as they went and by analogy with other areas, it appears that the outbreak was due to virus A.

VENEREAL DISEASES.

The Venereal Diseases Clinic which is situated in Churchill Road is the responsibility of the hospital authorities and thanks are due to the physician in charge for the following details of the year's work.

	Total	Male	Female
Patients under treatment or observation on January 1st	69	34	35
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition ...	—	—	—
Patients transferred from other centres after diagnosis	—	—	—
<i>Syphilis</i>			
Patients dealt with for the first time suffering from :			
Syphilis primary	—	—	—
Syphilis secondary	—	—	—
Syphilis latent in the 1st year of infection	—	—	—
Syphilis cardio-vascular	1	—	1
Syphilis of the nervous system	3	3	—
All other late or latent stages	1	—	1
Syphilis congenital : aged under 1 year ...	—	—	—
Syphilis congenital : aged 1 but under 5 ...	—	—	—
Syphilis congenital : aged 5 but under 15 ...	—	—	—
Syphilis congenital : aged 15 and over ...	—	—	—
Total	5	3	2

	Total	Male	Female
Patients completing treatment and/or observation	12	6	6
Patients transferred elsewhere	2	2	—
Patients not completing treatment and/or observation	5	4	1
Patients under treatment or observation on December 31st	55	25	30
<i>Gonorrhoea</i>			
Patients under treatment or observation on January 1st	1	—	1
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition ...	—	—	—
Patients transferred from other centres after diagnosis	1	—	1
Patients dealt with for the first time ...	9	3	6
Patients completing treatment and/or observation	6	2	4
Patients transferred elsewhere	1	1	—
Patients not completing treatment and/or observation	2	—	2
Patients under treatment or observation on December 31st	5	3	2
<i>Other Conditions</i>			
Patients under treatment or observation on January 1st	5	3	2
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition ...	2	2	—
Patients transferred from other centres after observation	5	4	1
Patients dealt with for the first time suffering from :			
Chancroid	—	—	—
Lymphogranuloma venereum ...	—	—	—
Granuloma inguinale,	—	—	—
Non-gonococcal urethritis	20	20	—
Any other conditions requiring treatment	13	5	8
Conditions not requiring treatment ...	41	30	11
Undiagnosed conditions	—	—	—
	Total	74	55
		19	
Patients completing treatment and/or observation	64	44	20
Patients transferred elsewhere	5	4	1
Patients not completing treatment and/or observation	7	7	—
Patients under treatment or observation on December 31st	10	9	1

NATIONAL HEALTH SERVICE ACT, 1946

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NATIONAL HEALTH SERVICE ACT, 1946

INTRODUCTION.

The Health Committee continued to be responsible for the provision of local health services under Part III of the National Health Service Act, 1946. This section of the report gives particulars of the various services, along with the statistics for 1956, and draws attention to a number of developments that took place during the year.

In administering the services, close co-operation was maintained between the local health authority, the executive council, the regional hospital board and the hospital management committee. Members of the Council served on the executive council and hospital management committee and representatives of these bodies were appointed to various sub-committees of the health committee. The Medical Officer of Health continued to serve on the regional hospital board.

The scheme for improving the facilities and accommodation at Gorleston Clinic, referred to in the report for 1954, was almost finished at the end of the year under review. A considerable amount of work was done under loan sanction from the Ministry of Health. With the recruitment of a second surgeon, the dental clinic was enlarged and new equipment installed. A cleansing unit was provided for use in the School Health Service and another room was converted into a distribution centre for welfare foods. Re-furnishing and improvement of existing furniture was carried out in all sections of the clinic. The premises were provided with central heating and a considerable amount of re-decoration was done.

As noted elsewhere in this report, the year saw the retirement of the Senior Nurse in the Home Nursing Service. The Council promoted one of the other nurses to this appointment but put the day-to-day responsibility for the service in the hands of the Superintendent Nursing Officer. The holder of this appointment has thus taken over the running of the midwifery, health visiting, domestic help and home nursing services under the general direction of the Medical Officer of Health.

CARE OF MOTHERS AND YOUNG CHILDREN

As mentioned in last year's report, new arrangements for ante-natal care were made at the end of 1955. These were necessary because of the increasing tendency for mothers to engage a general practitioner for the medical part of this work.

The new arrangements proved satisfactory but, as shown by the figures below, the number of mothers attending continued to decrease.

The arrangements for clinics for 1956 are shown below :—

ANTE-NATAL AND POST-NATAL CLINICS.

Great Yarmouth Clinic	Alternate Wednesdays 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	Alternate Wednesdays 2.30 p.m. to 4.30 p.m.

Post-natal cases were seen by special appointment at the ante-natal clinics.

The attendances at the medical ante-natal clinics were as follows :—

	No. of women who attended during year	No. of new cases	Total no. of attendances during year
Ante-natal Clinics:—			
Great Yarmouth	74	65	128
Gorleston	28	22	62
Post-natal examinations	15	15	15

In addition to the above, midwives' maternity clinics were held in the Yarmouth clinic each Wednesday afternoon and in the Gorleston clinic each Tuesday afternoon. These clinics proved very successful in furthering the education and training of expectant mothers. Attendances were as follows :—

	No. of women who attended during the year	Total number of attendances during the year
Great Yarmouth	228	662
Gorleston	268	797

In October, a parentcraft and group relaxation class was commenced in the Gorleston clinic and was held at 7 p.m. on alternate Monday evenings. 25 mothers attended with a total attendance of 78 visits. These classes have proved popular and helpful and it is proposed to extend the service to cover the Yarmouth area in 1957.

CHILD WELFARE CLINICS.

Child Welfare Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Shrublands Clinic	— Wednesday, 2.30 p.m. to 4.30 p.m.

At the Friday clinics at both Yarmouth and Gorleston, vaccination and immunisation were available for all-comers with or without an appointment.

The following table shows the number of children and the number of attendances by age groups :—

No. of children who first attended during the year and who at their first attendance were under 1 year of age	No. of children who attended during the year and who were born in :—			Total no. of children who attended during the year	No. of attendances during the year made by children who at date of attendance were :—			Total attendances during the year
	1955	1954	1953-50		Under 1 year of age	Over 1 but under 2 years of age	Over 2 but under 5 years of age	
Yarmouth 487	224	285	258	767	5958	1124	763	7845
Gorleston 546	291	284	459	1034	4336	1014	1270	6620
Total 1033	515	569	717	1701	10294	2138	2033	14465

The figure for total attendances shows a fall from the peak years of 1953 - 55 when attendances were over 16,000. This is in accordance with the national trend.

WELFARE FOODS.

The local arrangements for the distribution of national dried milk, orange juice, cod liver oil and vitamin tablets continued to operate satisfactorily. The number and times of opening of the distribution centres, given below, remained unchanged and, for the benefit of summer visitors, a note containing this information was included in the town guide published by the Entertainments and Publicity Committee.

Yarmouth Clinic, Greyfriars Way.	Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic, Trafalgar Road East.	Monday and Friday, 2.30 p.m. to 4.30 p.m.
Shrublands Clinic, Magdalen Way.	Wednesday, 2.30 p.m. to 4.30 p.m.
Women's Voluntary Services, Dene Side.	Every day except Saturday and Sunday, 10 a.m. to 12.30 p.m.

The following table gives particulars of the numbers of the various items of food distributed since the Council took over from the Ministry of Food in June 1954 :—

Period	National Dried Milk	Orange Juice	Cod liver Oil	Vitamin Tablets
6 months ended 31.12.54	21,595	15,606	3,011	894
3 months ended 31.3.55	9,863	7,793	1,588	504
3 months ended 30.6.55	9,902	8,559	1,265	587
3 months ended 30.9.55	9,617	9,849	1,270	639
3 months ended 31.12.55	8,894	8,770	1,826	609
3 months ended 31.3.56	8,433	8,346	1,504	669
3 months ended 30.6.56	8,750	10,858	1,180	694
3 months ended 29.9.56	9,229	10,641	1,051	617
3 months ended 29.12.56	9,053	9,137	1,316	588

The table confirms the observation made in the last report that there has been a slight fall in the sales of national dried milk. During each of the first three quarters of 1956 the figures were lower than in the corresponding period of 1955. Sales were however increasing towards the end of the year and during the last quarter they exceeded those for the same quarter of 1955.

The distribution of cod liver oil, which is made available to beneficiaries without charge, was less than in 1955 but orange juice, which is sold at 5d. a bottle, was in greater demand during each quarter of the year as compared with the corresponding quarter of 1955. There was little change in the distribution of vitamin tablets.

Sincere thanks are due to the local branch of the Women's Voluntary Services for the help they continued to give in the distribution of welfare foods.

In the interests of the welfare of expectant and nursing mothers and young children, the Council continued their existing arrangements under which a considerable variety of other welfare foods and nutrients were made available at the clinics at cost price plus a small administrative charge.

PROVISION OF MATERNITY OUTFITS.

Maternity outfits were provided free of charge for mothers having their confinements at home. These outfits were available to the mothers at the ante-natal clinics. A total of 481 outfits were issued during the year.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

There was no change in the arrangements described in the report for 1954. The Council continued their annual grant in support of the general work of the Norwich Diocesan Council for Moral Welfare and they also accepted financial responsibility for individual cases maintained in Mother and Baby Homes. There were seven such cases during the year.

PREMATURE BIRTHS

(i.e. live births and still births of 5½ lbs. or less at birth).

1. No. of premature live-births notified (as adjusted by transferred notifications).

(a) in hospital	28
(b) at home	27
(c) in private nursing homes	1
Total	56

2. No. of premature still-births notified (as adjusted by transferred notifications).

(a) in hospital	7
(b) at home	3
(c) in private nursing homes	—
Total	10

Weight at birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less)	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	4	—	2	3	—	3	—	—	—	—	—	—	—	—	—	1	1	—
Over 4 lb. 6 oz., up to and including 4 lb. 15 oz. (2,000—2,250 gms.)	5	—	4	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—
Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. (2,250—2,500 gms.)	15	—	15	17	—	17	4	1	3	—	—	—	—	—	—	4	—	—
Total	28	2	22	22	—	22	5	1	4	1	—	1	—	—	—	7	3	—

OPHTHALMIA NEONATORUM.

One case was notified but the disease was mild and there was a complete recovery without any effect on the sight.

PREMATURE BIRTHS.

The general arrangements for the care of premature babies were the same as those described in previous reports.

The table on page 40 gives particulars of all premature live and still births.

DENTAL CARE.

The Council continued to provide for the dental treatment of expectant and nursing mothers and young children in accordance with the provision of section 22 of the National Health Service Act, 1946. The work was carried out by two Dental Officers. This was the first year that it was possible for both the Yarmouth and Gorleston clinics to be staffed full-time by a dental surgeon since the scheme started.

All mothers attending ante-natal clinics were invited to attend the dental clinics for inspection and treatment. Not so many mothers were treated as in the previous year but more time was devoted to the care of young children. The mothers who did attend were, however, eager to have their teeth conserved. The value of this form of treatment is being increasingly appreciated and it is gratifying to see that many of the mothers are taking great care of their teeth.

There is no doubt that protection from, and control of, dental caries is the foremost problem in dentistry. Greater efforts should therefore be made to encourage parents to have their children inspected and treated from the age of 2 years so that the dental condition of the "school entrant" can be improved. Even at this early age inspection should take place at three-monthly intervals; the tendency to dental decay can then be detected and appropriate steps can be taken. From experience it would however appear that only a very small number of pre-school children receive regular dental care from any source.

The total number of patients examined was 322, compared with 311 in 1955. The number requiring treatment was 287. Owing to the number of attendances, it was unavoidable that some encroachment should be made on the sessions previously devoted to schoolchildren. No special sessions were however introduced for the treatment of mothers and young children.

The following is a summary of the work done over the past four years :—

(a) Numbers provided with dental care :—

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers				
1953	28	28	26	21
1954	49	47	47	21
1955	147	142	112	73
1956	123	113	95	69
Children under five				
1953	58	53	53	45
1954	90	88	78	78
1955	164	135	116	100
1956	199	174	158	146

(b) Forms of dental treatment provided :—

	Extractions	General anaesthetics	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Crowns or Inlays	Radiographs	Dentures provided		
								Complete	Partial	Total
Expectant and nursing mothers										
1953	108	10	52	3	—	—	—	3	10	13
1954	146	22	49	4	—	—	2	5	9	14
1955	491	77	146	71	—	—	4	26	39	65
1956	330	67	134	31	3	1	2	22	35	57
Children under five										
1953	88	19	10	3	2	—	—	1	—	1
1954	94	27	29	—	11	—	—	—	—	—
1955	109	51	41	—	257	—	—	—	—	—
1956	168	92	83	—	330	—	—	—	—	—

MIDWIFERY SERVICE

This section includes information both on the duty of the authority to provide a Domiciliary Midwifery Service under section 23 of the National Health Service Act and on its function under the Midwives Act, 1951, as Local Supervising Authority of all midwives practising in the area.

The Superintendent Nursing Officer had the responsibility of superintending the Council's Midwifery Service and also acted as the non-medical supervisor of all midwives practising in the town. Medical oversight was provided by an Assistant Medical Officer.

MUNICIPAL MIDWIVES

Eight district midwives were employed by the Council for the domiciliary service and one of these, designated as Senior Midwife, acted as deputy to the Superintendent Nursing Officer in relation to the Midwifery Service. Two of the midwives attended refresher courses approved by the Central Midwives Board under arrangements made by the Council. One midwife was given paid leave of absence to attend a course of training as a health visitor.

INSTITUTIONAL AND INDEPENDENT MIDWIVES.

Other midwives who notified their intention to practise were 12 employed by the hospital and 1 independent midwife.

NUMBER OF CONFINEMENTS

The total number of confinements notified to the local supervising authority was 828 which is an increase from the 1955 figure of 758. Of the total, 517 (62.4%) were attended by domiciliary midwives, 310 (37.4%) by midwives employed in hospital, and 1 by an independent midwife at home. Of the cases confined in hospital, 65 were discharged before the fourteenth day and were attended by domiciliary midwives. The percentage of confinements conducted at home in Great Yarmouth is one of the highest, if not the highest, in the country. The national figure for 1955 expressed as a percentage was 35.66%. The following table shows the Yarmouth figures since 1946.

Year	Total no. of confinements	Domiciliary cases	
		Number	Percentage of total
1946	1091	843	77.27
1947	1094	912	83.35
1948	979	683	69.76
1949	920	543	59.02
1950	901	490	54.39
1951	845	495	59.94
1952	825	487	59.02
1953	825	495	59.99
1954	864	555	64.24
1955	758	480	63.32
1956	828	517	62.4

The pros and cons of domiciliary confinement were discussed at some length in the introduction to this report in 1954.

The following table, taken from the return made to the Ministry of Health, gives details of the attendance of doctors at confinements.

	Domiciliary Cases					Cases in Institutions
	Dr. not booked Dr. present at delivery	Dr. not present at delivery	Dr. booked Dr. present at delivery	Dr. not present at delivery	Total	
Midwives employed by the authority	—	23	69	425	517	—
Midwives employed by hospital management committees	—	—	—	—	—	310
Midwives in private practice	—	—	1	—	1	—
Totals	—	23	70	425	518	310

MEDICAL AID

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a midwife :—

(a) For domiciliary cases :—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	78
(ii) Others	3

(b) For cases in institutions 78

ADMINISTRATION OF ANALGESIA.

All midwives employed by the authority are trained in the administration of gas and air analgesia and it was administered in 394 cases by the staff while acting as midwives and in 61 cases while acting as maternity nurses.

Pethidine analgesia was used by the staff in 237 cases while acting as midwives and in 46 cases while acting as maternity nurses.

The question of whether trilene analgesia should be introduced into the service was considered but it was decided not to introduce it at least for the time being.

MIDWIVES MATERNITY CLINICS.

The introduction of these clinics was described in last year's report. They represent an attempt to extend the educational and training functions of the Midwifery Service. The clinics were well attended throughout the year and are fulfilling a very important function.

A further extension of this work was introduced during the year under review. Parentcraft and relaxation classes were started in Gorleston Clinic under the supervision of the Superintendent Nursing Officer

and one of the midwives who had attended a course of training in this work. At first the clinics were held fortnightly but attendances were so good that they had to be held weekly and plans were made to start similar classes at the Yarmouth Clinic. The average attendance was 10, which is a suitable number for a class of this kind.

HEALTH VISITING

The Council employed six health visitors. One of these was engaged full-time on tuberculosis and three of the others spent one-third of their time on the school health service. The day-to-day supervision of the work was carried out by the Superintendent Nursing Officer.

The arrangements whereby each visitor was responsible for all health visiting, apart from tuberculosis, within a defined area, remained unchanged; each area contained about 800 children under the age of five years.

An increasing amount of the work of the health visitor was concerned with the problems resulting from handicap and old age. In order to provide full information about needs and to promote the regularity of visiting, a register of handicapped persons was started. At the end of the year this contained the names of 166 persons; the nature of their handicap was as follows :—

Spastic—14 Old age—106 Epileptic—22 Other—24

Co-operation between the health visitors, the hospitals and the general practitioners was good. The notification of all discharges from the children's wards enabled the department to take such follow-up action as was necessary. There were no formal arrangements for linking the work of the health visitors with the local doctors, but there was no difficulty in arranging for consultation in particular cases.

The Council continued their policy of sending health visitors on a two weeks' refresher course every five years; all the visitors on the staff have attended such a course in recent years. In October one of the midwives was given paid leave of absence in order to enable her to train as a health visitor at a course run by the Royal College of Nursing.

The following is a summary of the work done during the year.

Health Visitors :—

No. of children under 5 years of age visited during the year	4,894
Expectant mothers, first visits	353
„ „ total visits	707
Children under 1 year of age, first visits	755
„ „ „ total visits	6,651
Children age 1 - 2, total visits	4,064
Children age 2 - 5, total visits	7,690
Tuberculous households, total visits	257
Other cases, total visits	3,412
Total No. of families or households visited by health visitors	4,274

Tuberculosis Health Visitor :—

Total visits paid to tuberculous households	922
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HOME NURSING SERVICE

GENERAL

The Ministry of Health have again asked that fairly full information on the Home Nursing Service should be included in this report. This was given in some detail last year and, subject to what is said below, the Service continued to operate on the same lines throughout 1956.

STAFF.

The authority employed 8 full-time and 3 part-time home nurses; the part-time help amounted to the equivalent of about 1 full-time nurse.

The Senior Nurse retired in June and, from that date, the Superintendent Nursing Officer took over the general supervision of the Service. She was assisted by one of the district nurses who was promoted Senior Nurse.

The allocation of the work was greatly facilitated by the installation of a telephone at the private address of each full-time nurse. This was of great assistance in dealing with emergencies and it also provided a speedy and convenient channel of communication between doctor and nurse when consultation was needed about individual cases.

New forms on which the services of a home nurse could be requested were introduced in June and were issued to hospitals and general practitioners. Subsequently, the majority of requests for a nurse were made direct to the department and were then passed on to the district nurse. The new arrangements were not only more convenient for all concerned, but they also encouraged the making of a written record of the patient's requirements.

STATISTICS.

The number of cases dealt with and the number of visits paid by the nurses were greater than in any year since the National Health Service came into operation. The following table shows the development of the Service over the past eight years :—

Year	No. of cases dealt with	No. of visits
1949	761	19,251
1950	872	21,791
1951	1,008	21,890
1952	1,051	24,992
1953	1,061	23,804
1954	1,317	29,268
1955	1,444	21,303
1956	1,561	33,790

The following is a summary of the work done in 1956 :—

No. of cases dealt with	1,561
No. of new cases	1,372
No. of current cases at end of year	217
No. of visits to patients	33,790
No. of casual visits (without nursing)	7
No. of patients aged 65 and over	745
Number of children under 5 years	33
No. of patients who had more than 24 visits	284

There was an increase, from 584 in 1955 to 745 (54.31 per cent) in 1956 in the number of persons over the age of 65 years at the time of the first visit. The number of visits to patients in this age-group was 19,931, which was 77.08 per cent of the total visits and 2,950 more than in 1955.

There were 188 visits during the year to 33 children under the age of 5 years. It was not necessary to make any special provision for the nursing of sick children.

The following table shows the nature of the cases dealt with during the year :—

	New cases	All cases
Medical	1,052	1,161
Surgical	281	354
Infectious diseases	2	2
Tuberculosis	20	25
Maternal complications	17	19
Others	—	—

VACCINATION AND IMMUNISATION

SMALLPOX.

Vaccination was available at both the Yarmouth and the Gorleston clinics on Friday afternoons for all-comers with or without an appointment.

The arrangements for paying fees to general medical practitioners for records of vaccination were maintained.

The total number of vaccinations carried out during the year rose from 422 in 1955 to 460 in 1956. The number of primary vaccinations was 67 more and the number of re-vaccinations was 29 less than in 1955.

There was an increase of 51 in the number of primary vaccinations of children under 1 year. The percentage of children in this age group who were vaccinated was 49.99 compared with 44.78 last year. The national figure for 1955 was 36.4.

The following table shows the number and age groups of persons vaccinated and re-vaccinated during the year :—

	Age at date of vaccination					Total 1956	Total 1955
	Under 1	1	2-4	5-14	15 or over		
Primary vaccinations	369	20	12	15	18	434	367
Revaccinations	—	—	—	3	23	26	55
Total	369	20	12	18	41	460	422

The following table shows where the vaccinations were carried out :—

	General Practitioners	Health Department Clinics	Hospitals
Primary vaccinations	252	182	—
Revaccinations	26	—	—
Total	278	182	—

DIPHTHERIA.

Every effort was made by doctors, health visitors and school nurses to persuade parents to have their children immunised against diphtheria. A publicity campaign, including posters, pamphlets, advertisements in the press and cinema slides was held in the Spring.

Arrangements at clinics and with general practitioners were the same as those for vaccination.

The following table gives particulars of the numbers of children immunised against diphtheria in relation to the estimated mid-year child population. It includes all children who, at the end of the year, had completed a course of immunisation at any time before that date :—

	Year of birth				Total
	1955	1954-1951	1950-1946	1945-1941	
Last injection 1952-1956	188	2279	3163	1491	7121
Last injection 1951 or earlier	—	—	1594	2261	3855
Estimated child population	710	2990	8600		12300
Immunity index	26.5 %	76.2 %	54.1 %		57.9 %

With the continued absence of diphtheria from the town, interest of parents in immunisation against diphtheria is much less than in vaccination against whooping cough. Fortunately, however, they are usually willing to accept combined injections which give protection against both diseases, and in this way a fairly reasonable standard of diphtheria immunisation is maintained.

The following table gives particulars, from the inception of the diphtheria immunisation scheme in 1941, of the number of children who have received full courses of primary immunisation or reinforcing injections :—

Year	Numbers immunised			Reinforcing injection
	Primary immunisation			
	0-4	5-14	Total	
1941	344	1694	2038	—
1942	418	346	764	—
1943	252	106	358	—
1944	357	213	570	—
1945	370	64	434	—
1946	531	158	689	288
1947	659	105	764	346
1948	830	94	924	386
1949	774	60	834	500
1950	583	50	633	572
1951	662	111	773	1029
1952	631	111	742	849
1953	589	55	644	733
1954	671	80	751	904
1955	660	56	716	976
1956	643	44	687	593

WHOOPING COUGH.

Whooping cough immunisation was available at clinics either combined with diphtheria or separately. The number of children immunised at clinics increased from 229 in 1955 to 309 in 1956. As there are no arrangements for receiving records from general practitioners, their figures are not available.

POLIOMYELITIS.

In January 1956 a circular was received which explained the Minister of Health's proposals for the use of a vaccine which was believed to confer a degree of protection against paralytic poliomyelitis. This vaccine was to be made available on a voluntary basis for children born between 1947 and 1954 inclusive.

Arrangements were made for these proposals to be applied locally and a letter was sent to all parents in the borough with children in the eligible age group inviting them to give their consent for their children to be vaccinated. Because of a shortage of vaccine however it was not possible for all those children whose parents gave consent to be included in the scheme for 1956 and these will receive priority later when larger supplies become available.

The following table gives further details :—

Number of letters issued	6,407
Number of children who registered for vaccination	2,204
Percentage acceptance	34.40%
Number of children who received first injection	237 (118 boys and 119 girls)
Number of children who received second injection	236 (118 boys and 118 girls)

One girl left Great Yarmouth and arrangements were made for her to receive her second injection in the area to which she had moved. All children, therefore, completed their course of two injections. There were no reactions or cases of ill health reported following the vaccination.

TUBERCULOSIS.

In 1954 the Council decided that, in view of advice that research on B.C.G. was still proceeding and that its true value had not yet been fully established, they would not introduce the full scheme to “offer” the vaccination but that they would “make it available” so that local children in the stated age group whose parents wished to have them vaccinated should not be deprived of it.

The scheme was advertised in the press and circulars were sent to general medical practitioners and head teachers of secondary schools but since that time only one application has been received for vaccination and this has been carried out.

In February 1956 the first report of the Medical Research Council’s Committee on Tuberculosis Vaccines was published and it showed that vaccination offered a substantial degree of protection when given to children in the stated age group. In view of this new evidence, it was decided to introduce the full scheme to offer the vaccination, and in October 1956 the Minister of Health approved the following amendment to the Council’s existing proposals :—

“The local health authority also intends to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, to school children between their thirteenth and fourteenth birthdays. The vaccination will be carried out on the responsibility of the Medical Officer of Health, by Medical Officers expressly designated for this purpose by the authority.

“The Council will also make arrangements to offer B.C.G. vaccination to any other classes of person as may be approved from time to time by the Minister of Health.”

It was not found possible to start the scheme during the year but it is hoped that the Mantoux testing and, if necessary, B.C.G. vaccination of those school children will begin early in 1957.

AMBULANCE SERVICE

In carrying out its duties under the National Health Service Acts the Ambulance Service operated satisfactorily throughout another busy year.

STAFF.

The staff consisted of the Ambulance Officer, 13 driver-attendants and one attendant. The work was arranged on a shift system which provided continuous cover for the Borough and adjoining parts of Norfolk county. An additional driver was available for ambulance duty during the day time when not engaged on the Occupation Centre vehicle or the Health Department van.

One of the driver-attendants referred to above passed an independent driving test during the year and was promoted from his former appointment of attendant. Experience has shown that all operational staff should be able to drive the vehicles. The Council have resolved that all future appointments shall be subject to candidates satisfactorily passing an independent driving test.

All staff are trained in first aid and are required to undertake a refresher course at intervals of not more than two years.

VEHICLES.

The vehicle strength consisted of two heavy ambulances, two light ambulances, one dual purpose vehicle for the conveyance of both stretcher and sitting cases and one sitting case car. The average age of the fleet was $7\frac{1}{2}$ years. The dual purpose vehicle was a valuable addition to the fleet and was much more economical in operation than the heavier vehicles. A second dual purpose vehicle, which will replace the sitting case car, was on order at the end of the year.

All vehicles operated from the Ambulance Station in Greyfriars Way, but during the extensive repairs to the Haven Bridge an ambulance and crew were stationed at Gorleston Fire Station to provide cover for the area west of the river. This ambulance worked in conjunction with the temporary ferry across the River Yare when transport was required to take patients to hospitals in Great Yarmouth.

The arrangements for the servicing of the vehicles by the Borough Engineer's Department worked satisfactorily throughout the year.

OPERATION OF THE SERVICE.

The demands on the service were again heavy and there were times, particularly during the summer holiday period, when the staff were hard-pressed to deal with the number of calls received.

The following table gives particulars of the number of patients carried, the number of journeys and the mileage for the past five years :—

Year	Patients carried	No. of journeys	Mileage
1952	9,692	6,780	80,400
1953	10,582	7,407	83,816
1954	11,350	7,591	83,566
1955	11,932	7,336	90,445
1956	11,448	6,978	88,721

The table shows that there was a reduction, as compared with 1955, in the number of patients carried, the number of journeys and also in the mileage done by the vehicles; the number of journeys was in fact lower than at any time since 1952. The statistics for the year confirm the suggestion made in the report for 1954 that the demands on the service are becoming more stable.

The proportion of the total mileage carried out by the dual purpose vehicle and the sitting case car was 53 per cent, the same as in 1955. The number of patients carried as a result of accident or emergency calls fell from 790 in 1955 to 682. This was 5.9 per cent of the total number carried, a fall of 1.2 per cent from the figure for the previous year.

Wherever possible, long distance journeys were carried out by rail, with motor transport arranged when necessary to and from railway stations. Thanks are due to British Railways for their co-operation in reserving seats and compartments on trains. This method of long distance conveyance proved to be entirely satisfactory and the majority of patients had a more comfortable journey by rail than by road.

The vehicles are not equipped with radio, but the system of maintaining contact through the hospital telephones worked fairly successfully.

The statistics for the year are given in the following tables :—

				Ambulances	Cars	Total
Patients carried—						
Accident or emergency	...	...	...	551	131	682
Others	...	...	...	4,816	5,950	10,766
Total patients				5,367	6,081	11,448
Journeys by vehicles—						
Patient carrying journeys	...	...	...	2,894	3,603	6,497
Abortive and service journeys	...	...	...	30	65	95
Journeys for transport of analgesia apparatus, midwives, etc.	...	...	...	54	332	386
Total journeys				2,978	4,000	6,978
Mileage—				41,120	47,601	88,721

LIAISON WITH OTHER AUTHORITIES

The service continued to co-operate closely with neighbouring ambulance authorities and journeys which were the responsibility of one authority were frequently transferred to another if it appeared that this would result in economy.

From the 1st December 1956 the Norfolk County Council decided to assume responsibility for all their car service discharges from Great Yarmouth hospitals and they agreed that, from the same date, the Borough Ambulance Service should bring Great Yarmouth patients home from hospitals in the county area.

NEW AMBULANCE STATION.

In October 1956 the Ministry of Health stated that, whilst they appreciated the need for a new ambulance station, they regretted that they were unable to recommend authorisation of loan sanction for this project during the restrictions on capital expenditure. They pointed out that the Minister had felt obliged to defer approval to the commencement of a number of ambulance building schemes, some of considerable urgency.

The Ministry promised however that this matter would be reviewed as soon as the restrictions were lifted, and indicated their willingness, in the meantime, to consider the technical aspects of the scheme for building a new station.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

In a service which is preventive rather than curative, the education of the public in matters of health is of primary importance. This education is probably best carried out in the personal and informal contacts which members of the staff have with the general public, but in addition to this a more organised approach has been made by giving lectures, showing filmstrips and by group discussions. Numerous societies and clubs were visited, and the subjects chosen for discussion varied from general matters concerning health to more specialised and detailed talks suiting the needs of the different audiences.

Towards the end of the year arrangements were made with the Central Council for Health Education to provide a two-day practical course for health visitors and public health inspectors on "Visual Aids and their Construction; Public Speaking and Group Leadership".

In last year's report attention was drawn to the fact that, for the first time, discussion groups had been held at the ante-natal clinics. Mothers were keenly interested and because of this it was possible to

expand the service so that now parentcraft classes are held at two sessions each week, one in the afternoon and one in the evening. It seems likely that these classes will prove so popular that it may be necessary to hold them even more frequently than at present.

TUBERCULOSIS.

The Chest Physician employed by the Regional Hospital Board continued to act as part-time officer of the local health authority in connection with their scheme for the prevention, care and after-care of tuberculosis. The tuberculosis health visitor maintained close contact with the Chest Clinic at the Northgate Hospital, in addition to visiting the patients and their families at home, for the purpose of giving advice and guidance on the many problems which arise in connection with this disease. The contacts of all persons diagnosed as suffering from tuberculosis were followed up and, on an average, for every new case of tuberculosis discovered, 5 new contacts were examined.

During the year 45 expectant mothers were referred to the Chest Clinic for X-Ray of the chest. All these X-rays were found to be satisfactory. At the request of the Ministry of Labour and National Service, 10 young men about to enter H.M. Forces attended the Chest Clinic for a complete medical examination which included an X-ray examination of the chest. Eighteen others were referred for X-ray only.

B.C.G. vaccination was given at the Chest Clinic to contacts in accordance with the Ministry of Health's scheme. As stated in the section of the report devoted to Vaccination and Immunisation, the authority's proposals were amended to enable B.C.G. vaccination to be "offered" rather than "made available" to children between the ages of 13 and 14 years. At the end of the year, steps were being taken to communicate with the parents of all children in the eligible age group.

Care and after-care services were maintained as in previous years. Beds and bedding were available on loan to encourage the isolation of infectious cases and grants of free milk were made in needy cases.

The Housing Department continued to co-operate by granting priority rehousing on the recommendation of the Medical Officer of Health.

The staff of the National Assistance Board interviewed those patients referred to them, and visited their homes when necessary, in order to make the appropriate allowances both in money and goods.

The Norwich Group Disablement Resettlement Officer made monthly visits to the Chest Clinic in order to confer with the staff and to interview those patients seeking suitable employment. The Ministry of Labour provided rehabilitation courses for 8 men at Egham and training courses for 5 men at Letchworth.

The following table shows some of the work done :—

Total number of examinations of contacts	...	1014
No. of contacts first examined during the year		
(a) diagnosed as tuberculous	... ..	—
(b) non-tuberculous	... ..	147
No. of persons vaccinated with B.C.G. vaccine		
Nurses	... ..	9
Children	... ..	60
Others	... ..	2
Referred to the National Assistance Board for help	...	20
Referred to the Disablement Resettlement Officer for work	... ..	34
Provided with free milk during the year	...	7
Rehoused at the request of the Medical Officer of Health		2
Home visits by tuberculosis health visitor	...	922
Sessions at chest clinic attended by tuberculosis health visitor	... ..	246

MASS RADIOGRAPHY SURVEY

The Mass Radiography Unit based on Norwich visited the area from the 26th January to the 19th March 1956 and operated from the British Red Cross Society's Headquarters in St. Peter's Road, Great Yarmouth. The following information is based on details supplied by the Unit's Medical Director.

A total of 10,405 persons (5,307 males and 5,098 females) were examined. This was 1,448 more than when the last survey was carried out at the end of 1953, but it still represented only about one-fifth of the total population. The number of examinations carried out on the occasion of previous surveys was as follows :—

1949	1952	1953
7,356	7,794	8,957

Fifteen persons (10 male and 5 female) were found to be suffering from active pulmonary tuberculosis and this represented a rate of 1.44 per 1,000 persons examined. The corresponding rate in the 1953 survey was 1.56. Ten other persons were considered to be in need of observation at the Chest Clinic, 17 showed signs of inactive post primary lesions and 15 were found who had been diagnosed previously.

All school teachers in the employment of the local education authority were invited to attend the Unit and 207 responded. This was 56.7 per cent of those employed, 8.9 per cent more than in 1953. In addition, 100 of the domestic staff attended the Unit. No active cases were found among the school staffs.

Included in the survey were 1,105 school leavers (565 male and 540 female) of whom one was found to have an active pulmonary lesion.

The following table gives particulars in sex and age groups of the number of persons examined and of the number of active cases found :—

	Males		Females		Total	
	Examined	Active	Examined	Active	Examined	Active
Under 15	312	—	307	1	619	1
15 - 19	580	2	1207	3	1787	5
20 - 24	401	—	774	1	1175	1
25 - 34	1449	2	1035	—	2484	2
35 - 44	1256	4	840	—	2096	4
45 - 54	882	—	631	—	1513	—
55 - 59	226	1	146	—	372	1
60 - 64	119	1	102	—	221	1
65 and over	82	—	56	—	138	—
Total	5307	10	5098	5	10405	15

Among other conditions discovered as a result of the survey were :—

Pneumonitis	...	...	...	6
Bronchiectasis	...	...	...	7
Pulmonary fibrositis and bronchitis			...	5
Cystic lungs—congenital		...	...	1
Pericardial cyst	...	...	...	1
Bronchial carcinoma	...	...	...	2
Sarcoid	...	...	...	1
Basal fibrositis	...	...	...	1
Diaphragm—Eventration		...	...	2
—Hernia (stomach)		...	...	1
Foreign body	...	...	...	1
Cardiovascular lesions—congenital			...	4
—acquired			...	2

MENTAL HEALTH.

This is included in the section of the report headed “Mental Health Service” on page 59.

OTHER ILLNESS.

The care and after-care of persons suffering from other forms of illness was provided for mainly through the health visiting, home nursing and domestic help services. Further information about these services will be found under their respective headings in this section of the report.

The general medical practitioners, with whom there was a close and friendly co-operation, provided information about the needs of their patients and particular attention was paid to the requirements of old people; considerable success was achieved in helping them through their problems. Information was received about all children discharged from

the children's ward at the General Hospital and the hospital also brought the requirements of adult patients to the notice of the department when it was thought that one or more of the various services could be of assistance.

At the end of the year, 166 persons were on the health visitors' special visiting list because of some form of handicap, and in these cases close co-operation was maintained with the Welfare and other Corporation departments. Handicapped school-leavers were reported, as a routine, to the Welfare Department and also to the Youth Employment Service in order to obtain the greatest possible assistance for them during the period of adolescence.

As mentioned in the report for 1955, the Council have adopted schemes under the National Assistance Act, 1948, for the welfare of the deaf and dumb and of other handicapped persons.

There was little call to provide care and after-care for patients attending the Venereal Diseases Clinic but all facilities were available. Notices giving the days and times when confidential treatment could be obtained at the local clinic were displayed in public conveniences.

LOAN OF NURSING EQUIPMENT.

The three depots in the town for the loan of nursing equipment continued to meet most of the needs, and equipment not available from them was supplied by the department.

These depots are run by the British Red Cross Society and the St. John Ambulance Brigade, and to both sincere thanks are due for their keen interest and support.

PREVENTION OF BREAK-UP OF FAMILIES.

The local arrangements for the prevention of break-up of families have been described in previous reports and were unchanged during the year.

The health visitors dealt with a number of families where temporary illness or infirmity was likely to cause difficulty and were usually able either to obtain help from neighbours, friends or relatives, or to cover the situation by the provision of a domestic help. Only if none of these solutions was possible was the Children's Committee asked to accommodate the children temporarily.

The health visitors also maintained detailed and frequent supervision over problem families and reported that on the whole they were maintaining a standard of life which, although often far from satisfactory, was reasonable in view of the circumstances. Relations between the Health Department and other departments concerned were close and satisfactory and contacts were usually informal. The Officers' Committee proved to be useful for dealing with the more intractable cases. This Committee met once a quarter. Housing still remains the most difficult problem to solve and the help of the Housing Department was much in demand.

There was no Family Service Unit operating in the town. Bedding, clothing and furniture were provided by voluntary organisations, notably the W.V.S. Given at the proper time this material help can in some circumstances be invaluable in establishing a difficult family, but it is open to abuse, and this really applies to all forms of help. Some social workers tend to lavish on these families material aid and other benefits, such as priority rehousing, to the detriment of other groups of the population. At the other extreme is the attitude that it is no good trying to help people who will not help themselves and who abuse help which is given. It is necessary to study each family as a separate problem and to strike a balance between these two extremes according to circumstances if the problem is to be tackled satisfactorily.

The Problem Families Sub-Committee of the Council includes members from the Health, Housing, Welfare, Education and Children's Committees together with co-opted members from other suitable organisations. There was no need to call the Sub-Committee together during the year. This may be an indication that although the problem is constantly with us, it was not particularly acute. Another fact which points to the same conclusion is that once again it was not necessary during the year for the National Society for the Prevention of Cruelty to Children or the local authority to remove any child from the care of its parents.

DOMESTIC HELP SERVICE

The work of the domestic help service continued to operate satisfactorily under the provisions of section 29 of the National Health Service Act, 1946. This section empowers a local health authority to :—

“make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944.”

DEVELOPMENT.

The service continued to expand during 1956, but less rapidly than in the two previous years. The number of cases where domestic help was provided rose from 170 in 1955 to 183 in 1956. Where the help ceased and recommenced during the period under review, the case was counted only once, and this did in fact happen quite often.

Of the total number of persons provided with domestic help, 30 (the same as in 1955) were maternity cases and 107 (58.46 per cent) were chronic sick, aged or infirm. The average number of new cases was 10 a month and 79 cases were being helped on an average at any one time. The highest demand was in February with 16 new applications, but the work eased off to some extent during the summer months.

Owing to rising costs, the standard charge for the service had to be increased to 3/2d. an hour but this was remitted wholly or in part for applicants who were unable to pay this amount. The Council also resolved to waive the charge where the amount to be recovered was less than a shilling a month.

The following table gives particulars of the work of the service over the past five years :—

	1952	1953	1954	1955	1956
Maternity	13	9	5	30	30
Tuberculosis	1	—	—	1	2
Chronic sick, aged, infirm	24	38	52	104	107
Others	12	5	27	35	44
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total	50	52	84	170	183
Visits made	1666	1963	3264	6577	8101
Hours worked	4885	4375	7616	14089	15773

STAFF.

The table shows that the number of visits made and hours worked continued to increase during 1956. To cope with this additional work the number of part-time workers was increased and further part-time help had to be engaged to replace the full-time worker who resigned in May. At the end of the year, there were 19 part-time workers on the staff, compared with 1 full-time and 14 part-time workers at the end of 1955.

MENTAL HEALTH SERVICE

This part of the report deals with the exercise of the Council's powers and duties under the Lunacy and Mental Treatment Acts, 1890 - 1930, and the Mental Deficiency Acts, 1913 - 1938, as amended by the National Health Service Acts, 1946 - 1952.

STAFF.

The Medical Officer of Health remained responsible for the general direction and administration of the service and he was authorised by the Council to give medical certificates accompanying petitions for Orders under the Mental Deficiency Acts. The Deputy Medical Officer of Health and the Medical Superintendent of Little Plumstead Hospital were similarly authorised.

The Mental Health Worker continued to supervise the domiciliary care of the mentally defective and to act as Supervisor of the Occupation Centre.

The other staff at the Occupation Centre consisted of three Assistant Supervisors and a General Duties Assistant who escorted pupils to and from the Centre and carried out general domestic work.

The Supervisor and one of the Assistants held the Diploma of the National Association for Mental Health for Teachers of the Mentally Handicapped. This Assistant came on to the staff in September when one of the other Assistants was given leave of absence and started on the National Association's full-time course of training.

The two part-time Duly Authorised Officers on the staff (who also acted as welfare officers under the National Assistance Act) continued to take initial proceedings in providing care and treatment for cases of mental illness, and they operated a 24 hour service to cater for emergencies that occurred outside normal office hours.

VOLUNTARY ASSOCIATIONS.

The authority continued to co-operate with national and local voluntary associations but no duties were delegated to such organisations. As in previous years a grant was made to the National Association for Mental Health in support of their general work.

At the request of the Association, the Health Committee granted leave of absence, when necessary, to the Chief Clerk for the purpose of giving lectures to students attending courses of study run by the Association.

A donation was received from the Mayor out of money made available to her by the Amusement Caterers' Association and a further donation was made by a private person.

Members of the staff maintained their interest in the affairs of the Norfolk and Norwich Branch of the National Society for Mentally Handicapped Children.

CARE AND AFTER-CARE.

Care and after-care of the mentally ill was undertaken by the Mental Health Worker who acted in close co-operation with the Duly Authorised Officers, the mental hospitals, the psychiatric outpatient departments and the Child Guidance Clinic.

There were 54 new cases during the year and 188 visits were paid to patients or their relatives.

On the mental deficiency side, 502 visits were paid to persons under care, and advice and assistance was given wherever possible.

THE MENTAL DEFICIENCY ACTS, 1913 - 1938.

There were 179 mental defectives known to the authority and under various forms of care at the end of the year. This was four less than at the end of 1955 and gave a recorded incidence for mental deficiency of 3.48 per 1,000 of the population.

The following table shows the numbers of cases in age and sex groups under various forms of care.

	Aged under 16		Aged 16 and over		Total
	Male	Female	Male	Female	
Under statutory supervision	16	12	24	21	73
Under voluntary supervision	—	—	12	11	23
Under guardianship	—	—	1	—	1
In places of safety	—	—	—	—	—
In hospital	5	5	45	24	79
Totals	21	17	82	56	176

New cases numbered 11. Nine of these (7 male and 2 female) were reported by the local education authority, 4 having been found incapable of receiving education at school and 5 being notified as requiring supervision after leaving school. The other two were adult defectives who had come to live in the borough from another area. As they were not subject to be dealt with under the Acts, they were placed under Voluntary Supervision.

There were 15 discharges during the year. Five were patients on licence from mental deficiency hospitals who were discharged by authority of the Board of Control. Eight of the others were under supervision and were removed by resolution of the Council; there was 1 death among the hospital cases and 1 case moved out of the area.

The number of persons under statutory supervision and guardianship was the same as at the end of 1955. There was a reduction of 3 in the number in hospital and of 1 in the number under voluntary supervision. The 5 persons referred to in the last report as being on licence at the end of 1955 were all discharged; there were no licence cases in the area at the end of 1956.

There were 2 temporary admissions to hospital during the year. Both were arranged without legal process and in accordance with the procedure given in Ministry of Health circular 5/52. Five other patients were awaiting permanent vacancies at the end of the year but none of these was considered to be urgent.

OCCUPATION CENTRE.

This was the first complete year during which the new premises on Southtown Common were in use. The location of the Centre and the facilities available were found to be highly satisfactory and a very great improvement on the accommodation previously provided in rented premises.

Attendance.

The number of pupils in attendance has continued to grow and the following table gives particulars of the numbers on the register at the end of succeeding years :—

1948	1949	1950	1951	1952	1953	1954	1955
23	25	24	27	30	32	40	43

At the end of 1956 there were 47 names on the register, an increase of 4 during the year. Fifteen were from the area of the Norfolk County Council and 1 was admitted at the request of the East Suffolk County Council. The number of attendances of pupils was 80.7 per cent of the possible over the year.

The following table gives particulars of the age and sex distribution of the pupils in attendance at the end of 1956 :—

Male		Female		Total
Under 16	Over 16	Under 16	Over 16	
23	4	16	4	47

In addition to the numbers given above, there were 20 persons (12 male and 8 female) who were considered to be suitable for training in an industrial centre and for whom no facilities are yet provided. All these were over the age of 16 years.

Development.

Consideration was given during 1956 to the future development of the Centre and, at the end of the year, plans were being prepared for the building of an additional classroom and an assembly hall.

Further work was done by the Parks Department on the grounds surrounding the Centre. Lawns were made and shrubs were planted near the boundary fences.

Transport.

The Council continued to provide free transport for pupils attending the Centre.

For a number of years the pupils have been conveyed in a converted ambulance. Towards the end of the year, this vehicle was beginning to show signs of wear and consideration was being given to having the pupils conveyed by a private contractor.

Meals and Milk.

The supply of mid-day meals through the School Meals Service continued to operate satisfactorily. The standard charge was 6d. a meal but this was remitted in cases of hardship. The Council resolved that, from March 1956, those members of the staff who assist in the serving of the meals should themselves receive a meal without charge.

Pupils under the age of 16 years continued to receive a third of a pint of milk a day. This scheme, formerly operated by the Ministry of Agriculture, Fisheries and Food, became the responsibility of the local health authority from the 1st September 1956.

General.

The work of the Centre continued on the same lines as previously and good progress was made in all subjects.

Medical, dental and cleanliness inspections were again arranged through the School Health Service.

A visit was again paid by an Inspector of the Board of Control and a highly satisfactory report was subsequently received from the Ministry of Health.

The annual Christmas party and the summer outing (a day's motor coach trip) were again notable and happy features of the Centre's activities.

LUNACY AND MENTAL TREATMENT ACTS, 1890 - 1930.

The following table gives particulars of the number of admissions to and discharges from mental hospitals in 1956 :—

Method of admission	Male			Female		
	Admitted	Discharged	Died	Admitted	Discharged	Died
Certified	11	6	2	10	5	8
Temporary	1	—	—	—	—	—
Voluntary	46	43	3	53	52	2
Total	58	49	5	63	57	10

The table shows that there were 121 admissions. This was 13 more than in 1955 but a higher percentage (81.8 as compared with 80.6) of these admissions were on a voluntary basis.

Of the voluntary admissions, 30 males and 43 females were admitted direct to hospital either on the recommendation of their own doctors or through the local psychiatric out-patients' clinic.

There were 7 three-day orders made in cases of urgency by the duly authorised officers. Ten patients on leave and 1 who had absconded were returned to the hospital. Twenty cases of suspected mental illness were investigated by the department but were not confirmed.

MISCELLANEOUS SERVICES

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NATIONAL ASSISTANCE ACT, 1948

Section 47

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

Before proceedings can be taken, the Act requires the Medical Officer of Health to certify in writing that he is satisfied, after thorough enquiry and consideration, that in the interests of the person concerned, or for preventing serious nuisance or injury to the health of others, it is necessary for the person to be removed.

A few possible cases came to the notice of the department and each was fully investigated. It was not necessary however to resort to legal powers at any time during the year. All the facilities of the department were readily made available and with the co-operation of general practitioners, welfare officers and relatives, satisfactory arrangements were made in each case. The home nursing and domestic help services have proved to be most useful in helping persons who might otherwise have to be dealt with by compulsory powers.

REGISTRATION OF NURSING HOMES

Section 187 (2), Public Health Act, 1936

There was one registered nursing home in the Borough and this provided accommodation for 29 medical patients, mainly the elderly and chronic sick.

The former owner died during the year and in March 1956, the Council gave authority for the premises to be re-registered jointly in the names of the new owners.

The inspection and supervision of the home was carried out by the medical and nursing staff.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act places a duty upon local health authorities to keep registers of, and empowers them to supervise,

- (a) premises (i.e. day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days;

and (b) persons (i.e. child minders) in their area who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.

It is an offence under the Act for an occupier of premises to carry on a day nursery if the premises are not registered or for an unregistered child minder to receive into his home three or more children, of whom he is not a relative, from more than one household.

The child minder referred to in the last report moved her address during the year and she was thereupon re-registered to permit her to receive not more than seven children into her home. This number was subsequently increased to ten.

The Council imposed the conditions that adequate precautions be taken against the exposure of the children to infectious diseases and that the children should not at any time be left without supervision. Visits were paid by either the medical or nursing staff at not more than monthly intervals. There were no other registrations in the Borough either of persons as daily minders or of premises as day nurseries.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

At the request of the Ministry of Health, information on this subject is again included in the report and thanks are due to the Chief Welfare Officer for details of the statistics for the year.

BLIND PERSONS.

There were 26 new cases registered during 1956 (11 more than in the previous year) and the total number on the register at the end of December was 191, an increase of 5 as compared with 1955.

The ages of the new cases at the date of registration and at the onset of their blindness were as follows :—

Age Group	At date of registration			At onset of blindness		
	Male	Female	Total	Male	Female	Total
16 - 20 years	1	—	1	1	—	1
21 - 30 years	—	—	—	1	—	1
31 - 39 years	1	—	1	—	—	—
40 - 49 years	1	—	1	2	—	2
50 - 59 years	—	1	1	—	1	1
60 - 64 years	1	3	4	3	3	6
65 - 69 years	3	1	4	2	1	3
70 and over	11	3	14	9	3	12
Total	18	8	26	18	8	26

The following table gives particulars of the age and sex distribution of all registered blind persons in the area :—

Registration of the Blind.							
	Age Groups						Total
	0-4	5-15	16-20	21-49	50-64	65+	
Male	—	1	2	13	19	48	83
Female	—	2	1	7	25	73	108
Total	—	3	3	20	44	121	191

Of the 3 children under the age of 16 years, 2 had no other defects and were attending school. The other child had multiple defects; he had been ascertained as ineducable and was in a mental deficiency hospital.

Physical or mental defect was present in 42 cases in addition to blindness and 3 others were mentally disordered.

Over 63 per cent of all registered blind persons were over the age of 65 years and 52.4 per cent were over 70 years.

The following table gives particulars of the age at the onset of blindness of all persons on the authority's registers :—

Age at Onset of Blindness.									
	Age Groups							Un-known	Total
	0	1-4	5-15	16-20	21-49	50-64	65+		
Male	8	1	7	2	20	19	24	2	83
Female	10	2	4	2	19	32	36	3	108
Total	18	3	11	4	39	51	60	5	191

Of the total number of registered blind persons over the age of 16 years, 8 were employed in workshops for the blind, 9 were otherwise employed and 1 was undergoing training.

The remaining 170 persons were not in employment at the end of the year, but of these only 3 were capable of and available for work. Registrations under the Disabled Persons (Employment) Act, 1944, numbered 17, 15 of which related to males.

Twelve registered blind persons over the age of 16 years were in residential accommodation provided under Part III of the National Assistance Act, 1948; three were in mental hospitals and 13 in other hospitals.

PARTIALLY SIGHTED PERSONS.

The number of persons registered as partially sighted at the end of the year was 59; this was 8 less than at the end of 1955. Details of their age and sex groups are given in the following table :—

Registration of the Partially Sighted.						
	Age Groups					
	0-4	5-15	16-20	21-49	50-64	65+
Male	—	1	—	7	2	7
Female	—	1	—	4	10	27
Total	—	2	—	11	12	34

Excluding recertifications and transfers from other areas, there were 7 new registrations and all of these were over the age of 50 years. Seven persons were removed from the register upon their being ascertained as blind persons. There were no decertifications due to improved visual acuity.

Among the 57 partially sighted persons over the age of 21 years, there were 43 who were considered near and prospectively blind. Of these, 41 were either not available for, or were incapable of, work, 1 was working and the other was unemployed.

There were 12 persons over the age of 21 years who were considered to be mainly industrially handicapped (8 of these were in employment) and 2 others were regarded as needing observation only.

There were 12 registrations under the Disabled Persons (Employment) Act, 1944. Both the children under the age of 16 years were in attendance at special schools.

CAUSES OF DISABILITY.

Included in the above tables dealing with both the blind and the partially sighted were the following cases which were registered in 1956 :—

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :—				
(a) No treatment	3	—	—	9
(b) Treatment (medical, surgical or optical)	10	3	—	6
(ii) Number of cases at (i)(b) above which on follow up action have received treatment	8	3	—	6

The table shows that of the 19 persons recommended for treatment, 17 received it; one person refused to attend hospital and the general health of the other was not good enough for operative treatment.

There were no cases of retrolental fibroplasia. The one case of ophthalmia neonatorum was mild and there was complete recovery without any effect on the sight.

The home teachers follow up all registered blind and partially sighted persons in order to ensure that treatment, where recommended, is obtained and that hospital appointments are kept.

SPASTICS AND EPILEPTICS

The arrangements for dealing with these groups of handicapped people remained unchanged except for the introduction of improvements in the system of recording visits. All handicapped children, including spastics and epileptics, who are about to leave school are now brought to the notice of the Welfare Department as a matter of routine. Adults in these groups often experience some difficulty in obtaining and retaining regular employment, and here they are assisted by the Youth Employment Section of the Education Department and also by the Welfare Department.

SPASTICS.

The number of spastics known to the department is 16, but there are many more cases in the area, especially among adults, which have never been brought to the notice of the department. Of the known cases, 9 are under the age of 16 and 7 over the age of 16. The following are some details concerning them :—

Spastics under the age of 16 :

Under school age	—
Attending ordinary schools	4
Attending residential special schools	2
Mental defectives under care	3
	—
Total ...	9
	—

Spastics over the age of 16 :

Mental defectives under care	4
Registered as disabled persons	3
	—
Total ...	7
	—

EPILEPTICS.

A report on the medical care of epileptics made by the Standing Medical Advisory Committee was received during the year.

The Ministry drew particular attention, in circular 10/56, to the following paragraph of the report :—

“A good many patients tend to look on epileptic fits with indifference, to accept them resignedly as inevitable and not to realise that they might be controlled by medical care. It also not infrequently happens that patients neglect to take the drugs which have been prescribed for them, or fail to visit their doctors regularly and thereby obtain the continuous medical supervision which is essential for the successful control of epilepsy. It is clear, therefore, that it is necessary for a more intensive effort to be made to inform sufferers from epilepsy of the nature and significance of their disability and to encourage them to secure treatment and then to follow the medical advice they are given.”

The Minister also asked local authorities to ensure that the advice and help of health and welfare officers are made regularly available to epileptics.

The problems of handicapped persons in the community have frequently been discussed at meetings of the staff of the department but, following the Ministry's circular, all were again reminded of the special needs of epileptic patients and asked to establish contact with as many epileptics in their areas as were willing to receive visits and advice.

The number of epileptics known to the department is 35, of which 24 are under the age of 16 and 11 over the age of 16.

Epileptics under the age of 16 :

Under school age	2
Attending ordinary schools	17
Attending residential special schools	1
Mental defectives under care	4
	—
Total	24
	—

Epileptics over the age of 16 :

Mental defectives under care	3
Registered as disabled persons	3
Not registered as disabled persons	5
	—
Total	11
	—

MEDICAL EXAMINATIONS OF STAFF

The medical staff of the department examined 67 new entrants to the Corporation's service. Of these, 47 were in connection with the Corporation's superannuation scheme and the remainder were of teachers entering local employment.

In addition, there were 34 examinations of student teachers about to enter training colleges and two examinations were carried out on behalf of other authorities. Twelve examinations or investigations were carried out at the request of the Establishment Committee in connection with the Corporation's sick pay scheme.

The 47 superannuation examinations were of new entrants to the following departments of the Corporation :—

Civil Defence	...	...	...	1
Education	...	...	...	11
Engineer's	...	...	...	6
Fire	...	...	...	6
Health	...	...	...	9
Housing	...	...	...	3
Libraries	...	...	...	2
Treasurer's	...	...	...	4
Weights and Measures		1
Welfare	4
				—
		Total	...	47
				—

THE PUBLIC HEALTH INSPECTOR'S REPORT

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THE PUBLIC HEALTH INSPECTOR'S REPORT

F. R. PARMENTER, M.R.S.H., *Chief Public Health Inspector*

The Food and Drugs Act, 1955 which came into operation on the 1st January and the Food Hygiene Regulations made thereunder have brought again into prominence the important duties placed on local authorities in relation to the preparation and sale of food.

Considerable interest was shown by the trades affected by the regulations and at meetings arranged by the Great Yarmouth Chamber of Commerce and the Great Yarmouth Grocers' Federation the regulations were explained by members of the staff. The meetings were well attended and full reports appeared in the local press. Leaflets giving a guide to the regulations were distributed to all interested persons.

A complete survey of Corporation undertakings was completed by the 20th March, and the recommendations made were carried out. The Council were requested to provide drainage and water supply to the refreshment stalls on the Marine Parade and to certain stalls on the Market Place where "food for immediate consumption" was sold. Notices were sent to the stallholders concerned drawing their attention to the regulations.

In the case of the refreshment stalls, the work was completed, thus enabling the stall-holders to comply with the regulations. Unfortunately, the necessary works in the Market Place were postponed. However, it is understood that work will commence shortly.

Other vendors in the Market Place, where food liable to the risk of contamination is sold, were requested to provide suitable screens. The majority had complied by the end of the year. The need for the provision of sanitary accommodation and washing facilities for the general use of stall-holders in the Market Place was brought to the attention of the Council. It is to be regretted that such facilities are not yet available.

Inspections of other food stalls in the Borough were made and, where applicable, vendors were requested to provide drainage and water supply; in all cases the necessary work was carried out.

Routine visits to all food businesses were delayed owing to the shortage of staff but towards the end of the year a good start was made, concentrating on the inspection of food shops and restaurants, leaving boarding-houses and other seasonable undertakings to a later date.

Inspections so far made reveal that in the great majority of cases the regulations, particularly those relating to washing facilities, have been complied with.

In September the designation "Sanitary Inspector" was changed by Act of Parliament to "Public Health Inspector". It is generally felt that the new title gives a clearer indication of the present-day duties attached to the post.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water supply was provided by the Great Yarmouth Waterworks Company. The source of the water was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad which was brought into use when the salinity of the river water became too high.

Pre-chlorination is used to control mussel growths in the pipes leading the water to the purification works at Ormesby. The purification process comprises $3\frac{1}{2}$ days storage, primary rapid filtration and secondary slow sand filtration, followed by chloramination.

The supply was sufficient in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 51 gallons per head per day (domestic 30, industrial 21) but this figure is based on the resident population and does not take account of the large number of summer visitors.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals; the results were consistently satisfactory.

There was no evidence that the waters were liable to have plumbosolvent action.

All the dwelling-houses in the Borough are supplied by the Company's mains.

CLOSET ACCOMMODATION.

All dwelling-houses in the Borough have W.C.'s connected to a water carriage system.

PUBLIC CLEANSING.

The collection of refuse is carried out under the direction of the Borough Engineer; the disposal is by means of controlled tipping. House refuse is collected weekly as a routine, but more frequent collection is available on request and on payment of a small fee. The Health Department co-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaint.

GENERAL SANITATION.

TABLE A.

Nature of Visit or Inspection			No. of Visits
Water Supply	...	...	21
Drainage	...	...	729
Stables and Piggeries	...	...	15
Offensive Trades	...	...	91
Caravans, Tents, Vans, etc.	...	...	31

Factories	...	...	124
Outworkers	...	...	4
Public Conveniences		...	29
Theatres and Places of Entertainment			26
Refuse Collection	...	...	8
Refuse Disposal	...	...	96
Rats and Mice	...	...	25
Smoke Observations	...	...	31
Schools	...	...	12
Shops	...	...	635
Swimming Pools	...	...	8
Miscellaneous Sanitary Visits	...		256
Inquiries in cases of Infectious Diseases			361
Visits re Disinfection		...	5

DRAIN TESTING.

The total number of drain tests made during the year was 94 and the number of defects found was 86. Particulars as to the nature of these defects are given in the following table :—

TABLE B.

	No.
Defective soil pipes	1
Defective vent shafts	1
Defective yard gullies	1
Defective drain connections	3
Defective W.C. connections	11
Defective interceptors	1
Sink-wastes, rainwater pipes, etc., connected direct	2
Disused drains and sewers	11
Defective house drains	44
Defective sewers	8
Defective inspection chambers	3

FACTORIES ACTS, 1937 AND 1948.

The following tables show the work carried out under the above Acts. Although the number of inspections made was low, the factories visited were on the whole found to be in a satisfactory condition. The defects noted were generally of a minor character.

TABLE C.

Premises	No. on Register	Inspec- tions	Written Notices	Prose- cutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities ...	76	19	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	269	37	7	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises) ...	9	9	—	—
Total	354	65	12	—

TABLE D.

Particulars	No. of Defects Found Remedied		Referred by H.M. Inspector	Referred to H.M. Inspector	Prose- cutions
Want of cleanliness ...	—	—	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	1	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient ...	3	1	—	—	—
(b) Unsuitable or defective	19	14	3	—	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	13	5	—	1	—
Total	37	20	3	1	—

OCCUPATIONS, ETC., WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Offensive trades, etc. :—

Nature			Number
Tallow melter	...	...	1
Tripe dresser	...	...	2
Marine stores	...	...	6
Knacker	...	...	1

SWIMMING POOLS.

The Corporation owns two large open-air swimming pools, the waters of which are continuously filtered, chlorinated and tested.

As an additional safeguard, 8 check tests of the amount of free chlorine were carried out by the department during the summer months, all of which proved satisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Six premises are registered under Section 2 of the Act.

HOUSING INSPECTION.

During the year 801 houses were inspected for defects under the Public Health and Housing Acts. Subsequent action resulted in 308 houses being rendered fit.

Representations were made to the Council in respect of 103 houses under Sections 11 and 13 of the Housing Act 1936. As a result 55 were made the subject of Demolition Orders; 29 were closed under the Local Government (Miscellaneous Provisions) Act 1953; three undertakings were accepted from owners not to relet and one Closing Order was made in respect of a part of a building.

1. Inspection of Dwelling-houses.

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts).	...	...	...	...	801
(b) Number of Inspections made for the purpose					1,627
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32.	...	...	...	...	Nil
(iii) Overcrowding :—					
Number of houses inspected	...	...	...	...	5
Number of re-visits	...	...	...	...	5
(iv) Verminous houses :—					
Number of houses inspected	...	...	...	...	33
Number of re-visits	...	...	...	...	29

2. Informal Action.

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts.	286
--	-----	-----	-----	-----	-----

3. *Action under Statutory Powers.*

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.

(i) Number of houses in respect of which notices were served requiring repairs	...	...	Nil
(ii) Number of houses which were rendered fit after service of formal notices :—			
(a) By owners	...	...	Nil
(b) By Local Authority in default of owners			Nil

(B) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied	...	142
(ii) Number of houses in which defects were remedied after service of formal notices :—	...	
(a) By owners	...	107
(b) By Local Authority in default of owners		15

(C) Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(i) Number of houses in respect of which demolition orders were made	...	...	55
(ii) Number of houses in respect of which undertakings were accepted.	...	...	3
(iii) Number of houses demolished in pursuance of demolition orders.	...	...	239

(D) Proceedings under Section 12 of the Housing Act, 1936.

(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit.	Nil

(E) Proceedings under Section 10(1) of the Local Government (Miscellaneous Provisions) Act, 1953.

Number of houses in respect of which Closing Orders were made.	29
--	-----	-----	----

HOUSING REPAIRS AND RENTS ACT 1954. PART II.

Number of houses in respect of which certificates of dis-repair were issued.	...	...	2
Number of houses in respect of which certificates of dis-repair were refused	...	...	1
Number of houses in respect of which certificates of dis-repair were revoked.	...	...	2

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

The following is a summary of Registrations and Licences issued under regulations concerning milk :—

Milk and Dairies Regulations, 1949 - 1954.

Number of dairies on register at end of year	...	17
Number of distributors on register at end of year	...	20

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 - 1953.

Pasteurised Milk—Dealers' (Pasteurisers) Licences	...	4
Dealers' Licences	...	34
Dealers' (Supplementary) Licences		2

Milk (Special Designation) (Raw Milk) Regulations, 1949 - 1954.

Tuberculin Tested Milk—Dealers' Licences	...	17
Dealers' Supplementary Licences		2

154 samples of Designated milks were taken during the year, the details are as follows :—

	Number taken	Methylene Blue Test Passed	Methylene Blue Test Failed	Phosphatase Test Passed	Phosphatase Test Failed	Invalidated Result
Tuberculin Tested	19	13	6	—	—	—
Pasteurised	85	80	2	82	—	3
T.T. Pasteurised	50	48	1	49	—	1

During the year routine inspections were carried out at the four Pasteuring Plants and also at other premises selling milk in the County Borough.

Public Health (Condensed and Dried Milk) Regulations, 1923 to 1943.

One sample of condensed milk was examined during the year; the result proved to be satisfactory.

B. MEAT INSPECTION.

The two slaughter-houses, owned by the Master Butchers Supply Company (Great Yarmouth) Limited, continued to operate during the year and have proved to be sufficient for the needs of the town. A complete post-mortem inspection of all slaughtered animals was again maintained.

It is interesting to record the decline during recent years in the number of animals found to be affected with tuberculosis. The following table illustrates this welcome trend :—

Percentage of number inspected affected with tuberculosis			
	Cattle (excluding cows)	Cows	Pigs
1953	6.1	20.8	1.3
1954	7.4	12.0	2.6
1955	4.5	3.0	2.0
1956	3.4	—	1.8

The number of cows slaughtered since the end of control has also shown a remarkable decline :—

1953 (last full year of control)	660
1954	233
1955	33
1956	3

The low incidence of tuberculosis and the decline in the numbers of cows slaughtered gives a clear indication of the improved quality of the meat produced in the town.

Carcases and Offal inspected and condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2536	3	22	725	9856	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuber- culosis and cysticerci :—</i>						
Whole carcases condemned	1	—	1	—	10	—
Carcases of which some part or organ was condemned	694	1	—	4	838	—
Percentage of the number inspected affected with disease other than tuber- culosis	23.5	33.3	4.5	0.6	8.6	—
<i>Tuberculosis only :—</i>						
Whole carcases condemned	4	—	—	—	3	—
Carcase of which some part or organ was condemned	82	—	—	—	172	—
Percentage of the number inspected affected with tuberculosis	3.4	—	—	—	1.8	—

Cysticercosis :—

Carcases of which some part or organ was condemned	7	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration	7	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcases, Parts of Carcases and Organs.

			Tuberculosis	Other Causes
Cattle carcases (excluding cows) ...			4	1
Cow carcases	...	...	—	—
Pig carcases	...	...	3	10
Calf carcases	...	...	—	1
Sheep carcases	...	...	—	—
Bovine heads	...	...	54	19
„ tongues	...	...	54	19
„ livers	...	...	15	663
„ lungs	...	...	42	40
„ udders	...	...	—	—
„ spleens	...	...	1	—
„ kidneys	...	...	—	—
„ skirts	...	...	2	4
„ hearts	...	...	1	5
„ mesenteric fats	...	...	19	1
„ tripes	...	...	2	6
„ tails	...	...	—	—
Pigs' heads	...	...	147	4
„ plucks	...	...	7	249
„ livers	...	...	1	584
„ mesenteric fats	...	...	50	10
Calves' heads	...	...	—	—
„ plucks	...	...	—	—
Sheep plucks	...	...	—	—
„ livers	...	...	—	6
„ heads	...	...	—	—
Beef	...	...	46 lbs.	1177 lbs.
Pork	...	...	—	27 lbs.

Cysticercus of Taenia Saginata.

This is the cystic stage of a tape worm which is transmissible to man. A routine examination of all beef carcasses for this parasite was continued during the year.

The parasite was located in 7 carcasses but in no instance was it found to be generalised. The recommended treatment was carried out in each case, the carcase being held in cold store for the required period.

METHOD OF DISPOSAL OF CONDEMNED MEAT.

In accordance with an arrangement made when control ended in July 1954, the local slaughtering Company again agreed to dispose of all condemned meat and offal to a local firm of tallow melters where it was rendered down to tallow and fertiliser.

Other foods were deposited at a store owned by this authority and removed from there by the Public Cleansing Department vehicles twice weekly and taken to the controlled refuse tip.

C. ICE CREAM.

Premises registered under Section 16 of the Food and Drugs Act, 1955 :—

Registered Manufacturers	...	...	8
Registered Retailers	...	...	248

48 visits were made to ice cream manufacturing premises and retail shops during the year.

24 samples were submitted for the Methylene Blue test and were classified as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
19	3	2	—
79%	13%	8%	—

D. FOOD AND DRUGS ACT, 1955.

The following table shows the number of samples obtained and submitted for examination, with results of analysis :—

	Submitted to Analyst	Satisfactory	Not Satisfactory
Beef Suet	1	1	—
Bicarbonate of Soda	1	—	1
Butter	15	15	—
Canned Cream	2	2	—
Canned Fish	3	3	—
Canned Fruit	9	9	—
Canned Milk	1	1	—
Canned Vegetables	1	1	—
Cooking Fat	2	2	—
Cream Powder	1	1	—
Egg Albumen	2	2	—
Essence of Anchovies	1	1	—
Flour	4	3	1
French Dressing	1	1	—
Fruit Squashes	2	2	—
Garlic Salt	1	1	—
Gravy Salt	1	1	—
Ground Ginger	1	1	—
Ice Cream	6	6	—
Lemon Mayonnaise	1	1	—
Margarine	6	6	—
Marzipan	2	2	—
Meat Paste	1	1	—
Milk	103	93	10
Mincemeat	1	1	—
Natural Binder	1	1	—
Non-Brewed Condiment	1	1	—
Noodle Soup	1	1	—
Nut Paste	1	1	—
Orange Drink	5	5	—
Pepper	1	1	—
Rusk	1	1	—
Sausages, Beef	1	1	—
Sausages, Pork	28	23	5
Spice	1	1	—
Sweets	6	4	2
Total	217	198	19

FOOD AND DRUG SAMPLES REPORTED BELOW STANDARD.

Article	Adulteration	Action taken
Bicarbonate of Soda (Informal)	Contained 36.5% of Sodium Carbonate.	Wholesaler agreed to stop further sales.
Devon Cream Sweets (Informal)	Deficient in butter fat.	No legal standard. Manufacturer agreed to include at least 4% butter fat.
Chewing Gum (Informal)	Not of the quality demanded.	Dealer surrendered remainder of the stock.
Milk (Informal)	6.7% deficient in fat.	Follow-up sample proved genuine.
Milk (Informal)	58.3% deficient in fat.	Followed-up with formal samples.
Milk (Informal)	50.0% deficient in fat.	Followed-up with formal samples.
Milk (Formal)	47.3% deficient in fat.	Followed-up by "Appeal to Cow" samples.
Milk (Formal)	35.7% deficient in fat.	Followed-up by "Appeal to Cow" samples.
Milk ("Appeal to Cow")	32.7% deficient in fat.	
Milk ("Appeal to Cow")	50.7% deficient in fat.	Farmer advised to consult Ministry of Agriculture and Fisheries Milk Advisory Service.
Milk ("Appeal to Cow")	36.0% deficient in fat.	
Milk ("Appeal to Cow")	32.3% deficient in fat.	
Milk ("Appeal to Cow")	19.0% deficient in fat.	
Pork Sausages (Informal)	Meat content 58.2%.	Manufacturer informed of the deficiency.
Pork Sausages (Informal)	Meat content 56.0%.	Manufacturer informed of the deficiency.
Pork Sausages (Informal)	Meat content 59.5%.	Manufacturer informed of the deficiency.
Pork Sausages (Informal)	Undeclared preservative.	Manufacturer warned to exhibit preservative notice in future.
White Flour (Informal)	Seriously deficient in Aneurin and Iron.	Deficiency drawn to the attention of the manufacturer, when it was found that this consignment had been produced before the Regulations came into force.
Pork Sausages (Informal)	Undeclared preservative.	Sulphur dioxide present in spices supplied to manufacturer. Preservative notice will be exhibited in future.

E. OTHER FOODS.

During the year the following foodstuffs were found to be unfit for human consumption :—

<i>Canned Foods</i>		Fish fillets	454 fillets
Fat	7 tins	Fish fingers	14 tons
Fish	59908 tins	Frozen ox liver	6 lbs.
Fruit	2194 tins	Fruit Pies	24 pies
Ham	184 tins	Herring cake	106 lbs.
Jam	10 tins	Jam	154 jars
Meat	549 tins	Lambs' livers	11½ lbs.
Milk	904 tins	Maws	2 barrels
Soup	79 tins	Oranges	2 cases
Vegetables	4082 tins	Pears	161 lbs.
<i>Other Foods</i>		Pickled onions	36 jars
Bacon	78¼ lbs.	Pickled red cabbage	52 jars
Biscuits	2 tins	Pigs' trotters	1 cwt.
Cake	26½ lbs.	Legs of pork	7 lbs.
Cheese	124 lbs.	Potatoes	48 cwts.
Chickens	833	Rice	104 lbs.
Chicken puffs	29	Sausages	395½ lbs.
Chilled beef	187 lbs.	Sponge rolls	120 rolls
Dried fruit	90 pkts.	Sugar	12 lbs.
Egg yolk & white	44 lbs.	Sweets	320 lbs.
Fat	102 lbs.,	„	1 carton
Fish	178 lbs. 9 ozs.	„	108 pkts.
Fish Cakes	18 cakes	„	14 bars

F. INSPECTION OF FOOD PREMISES.

Although staffing difficulties continued almost to the end of the year, work in connection with the inspection and supervision of food premises was maintained. A total of 2,701 visits were made to food premises.

All plans concerning food premises were examined before submission to the Town Planning Committee and amendments were obtained where necessary. The premises were also visited and advice given regarding equipment in order to maintain a high standard of hygiene.

The number and type of food premises in the area are as follows :—

Bacon Curer	...	...	1
Bakers and Confectioners	...	...	56
Brewers	...	...	1
Butchers	...	...	58
Chemists	...	...	20
Dairies and premises selling milk	...	...	37
Fishcurers	...	...	26
Fishmongers	...	...	46
Fried Fishmongers	...	...	34
Flour Mills	...	...	2

Granaries	...	...	2
Grocery and Provisions	...	...	174
Greengrocers	...	..	61
Ice Cream Manufacturers and Dealers			256
Malthouses	...	...	4
Mineral Water Manufacturers		...	3
Potato Crisp Manufacturer		...	1
Potato Dealers	...	...	5
Public Houses	...	...	148
Restaurants and Cafes	...	...	126
Shellfish and Shrimps	...	...	12
Slaughterhouses	...	...	2
Sweets	...	...	77
Tripe Dressers	...	...	2
Wines and Spirits	...	...	15
Yeast Dealer	...	...	2

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	...	256
Preparation or manufacture of sausages and preserved foods	...	101

G. CLEAN FOOD.

The advent of the new Food Hygiene Regulations gave the department an added opportunity of bringing to the attention of food traders the importance of cleanliness in the preparation and handling of food. Pamphlets and posters were distributed to concerns where they would be likely to do most good, and during the course of routine visits to food premises no opportunity was lost in stressing the need for cleanliness and in particular the vital importance of personal hygiene.

Members of the staff gave lectures and talks to food trade associations, clubs and other organizations in the town, and judging by the discussions which followed it would appear that the public are gradually becoming more 'clean food' conscious.

Compared with the incidence for the country as a whole, the number of food poisoning cases reported was again very low.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year the following informal samples were submitted for analysis :—

Fertilisers—2.

Feeding Stuffs—2.

One sample of fertiliser showed an excess of insoluble phosphoric acid to the extent of 0.7%. This excess was not considered to be to the prejudice of the purchaser but the attention of the manufacturer was drawn to the discrepancy. The remaining samples proved to be satisfactory.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Chief Constable's Annual Report :—

FOWL PEST.

Four cases of suspected Fowl Pest were reported during the year; none was confirmed. Resulting from movement restrictions imposed during the year, 93 licences were issued for the movement of 52,761 head of poultry. There were also 115 declarations issued in respect of the Live Poultry (Restrictions) Order 1954.

SWINE FEVER.

Nineteen cases of suspected Swine Fever were reported to the Ministry of Agriculture and Fisheries; none was confirmed.

Three hundred and thirty-seven movement licences under the Regulation of Movement of Swine Orders, 1954 and 1955, were issued.

PET ANIMALS ACT, 1951.

There are now 10 premises licensed under the above Act and during the year visits of inspection have been carried out on 41 occasions.

RODENT CONTROL SERVICE

The authority employed a Rodent Officer and 5 rodent operatives to carry out this service. The table at the end of this section gives details of the work carried out.

DWELLINGS.

Regular inspections and treatment prevented any build-up in rat and mice infestations.

There were 48 dwellings found to have evidence of rat infestation; all these were cleared of rats. Most of the infestations were due to faulty drain connections.

As a result of inspections of dwellings the following work was carried out :—

Sheds raised or rat proofed	9
Fowl houses removed or rebuilt	15
Cementing holes in concrete floors	43
Fixing sub-floor ventilating grids	14
Repairing or making good minor defects in drains	27
Proofing floors, thresholds and brickwork	11
Fixing rainwater grids and wire cages	23
Cementing up holes to external walls	21

Garden and domestic refuse heaps removed	17
New dustbins and other receptacles provided	6
Sealing dried-up lavatory pans	11
Fixing wire netting collars to bird trays	3
Fixing wire netting collars to rainwater downspouts	3

AGRICULTURAL PROPERTY.

A general survey of farm lands and buildings was carried out by the Rodent Officer. Trapping, gassing and poisons resulted in a kill of 450 rats.

A rick survey of rats and mice was also carried out during the period October to March, details of which were sent to the Research Branch of the Ministry of Agriculture, Fisheries and Food. The enforcement of the Threshing and Dismantling of Ricks Act prevented the spread of rats to other properties.

LOCAL AUTHORITY PROPERTIES.

The following properties were kept under observation and treated as required :—

School kitchens, canteens, amusement centres, camping sites, the refuse tip, lock-ups, beaches, clearance areas, parks, playing fields, pickling plots, cemeteries and building sites.

Much time was given to the refuse tip and constant trapping, poisoning and gassing kept rats down to a minimum. Co-operation between the Rural District Council rodent control staff and the Agricultural Pests Officer prevented any large scale migration from the country districts.

The destruction of rabbits and moles prevented widespread damage to playing fields.

SEWERS.

Constant changes in the layout of the sewer systems made it necessary to reorganise the system of providing for the maintenance treatment of sewers. The new plan will be based on the location of manholes throughout the district. A report on the new arrangements will be included in next year's report.

ALLOTMENTS.

Frequent routine inspections and treatment prevented any increase in the rat population. Sheds, particularly those housing livestock, continue to be the main source of infestation. Many properties can only be described as ramshackle and conducive to harbouring rats.

BUSINESS PROPERTIES.

The Rodent Officer carried out 625 inspections of business premises, shops, wholesale warehouses, fish houses, factories and other properties stocking or processing foodstuffs.

MEASURES OF CONTROL BY LOCAL AUTHORITY

	Type of Property				
	Non-Agricultural				Agri-cultural
	Local Authority	Dwelling Houses (including Council Houses)	All Other (including Business Premises)	Total	
Total No. of properties	167	16368	3552	20087	14
No. of properties inspected as a result of :					
(a) Notification	17	683	207	907	2
(b) Survey under the Act	39	2375	536	2950	10
(c) Otherwise	87	571	287	945	—
Total inspections carried out—including re-inspections	180	5065	1763	7008	28
No. of properties found to be infested by rats or mice—					
Rats, Major	—	—	—	—	3
Rats, Minor	36	507	154	697	4
Mice, Major	—	27	11	38	3
Mice, Minor	16	398	101	515	5
No. of infested properties treated	52	875	237	1164	15
Total treatments carried out—including re-treatments	58	956	331	1345	76
No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
No. of cases in which default action was taken	—	—	—	—	—
Legal proceedings	—	—	—	—	—
No. of “block” control schemes carried out	19	7	5	31	2

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This report has been compiled in accordance with the revised form and sequence suggested by the Ministry of Health in circular 33/52. The Ministry suggest that where there has been no change from the previous year in the information for sections I, V, VI, VIII, XIV, XV and XVI it is unnecessary to repeat the details more frequently than five yearly from the year 1955. These sections have been marked with an asterisk in the report and, where applicable, only the words “no change” have been entered.

The Port gave rise to no serious health problems in the year under review. The existing arrangements for the supervision of health matters in the Port are considered to be adequate but shortage of staff reduced considerably the amount of work done. The recruitment of further staff towards the end of the year should permit the resumption of full activity in the future.

The Port received considerable national publicity from its use in connection with the export of live cattle to the Continent, but the controversy was not connected with public health.

*Section I — STAFF

No change.

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B.

Ships from	Number	Tonnage	Number inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
			By the M.O.H.	By the Inspector	
Foreign Ports	331	67,441	2	92	—
Coastwise	989	200,515	—	2	—
Total	1,320	267,956	2	94	—

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

There was no passenger traffic during the year.

CARGO TRAFFIC.

Principal imports and exports for 1956 are shown below :—

<i>Imports.</i>		
Grain	...	116,021 qrs.
Groceries	...	4,822 tons
Meal, etc.	...	8,141 tons
Manures	...	18,614 tons
Salt	...	8,514 tons
Strawboards	...	5,258 tons
Wood	...	47,542 loads (14,406 standards)
Metals	...	7,542 tons
Coal	...	184,805 tons
Cattle cakes	...	2,770 tons
Paper	...	1,004 tons
Petrol and oil	...	79,388 tons
Stone	...	13,191 tons
Other goods	...	7,078 tons
<i>Exports.</i>		
Grain	...	173,640 qrs.
Herrings	...	1,889 tons
Live cattle	...	2,967 head
Molasses	...	5,027 tons
Sugar	...	11,552 tons
Scrap metal	...	22,107 tons
Other goods	...	4,459 tons

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.

Denmark—Copenhagen, Fredricksund.

Finland—Abo, Kemi, Kotka.

Germany—Bremen, Cuxhaven, Hamburg, Wismar.

Holland—Amsterdam, Rotterdam.

Norway—Christiansund, Kristinestad, Oslo.

Sweden—Falkenburg, Gothenburg, Kalmar, Stockholm.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

*Section V — WATER SUPPLY

No change.

*Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

No change.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich. The Ipswich authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

Dr. A. G. Smith, 24 Unthank Road, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

***Section VIII — VENEREAL DISEASE**

No change.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases of malaria occurred in ships entering the port.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague arrived at the port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) Ships arriving from foreign ports are examined by the Inspector in the first instance, and if any evidence is found the Rodent Officer is called in to make a more extensive search.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an "approved port" for "deratting" but when any action is required trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fishing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	4	4
Brown rats	—	1	114	115
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Great Yarmouth is not an approved port.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

One certificate was issued in accordance with Article 3(2)(b) of the Order.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections		Notices served		Result of serving notices
		Statutory notices	*Other notices	
British ships	3	—	—	—
Foreign ships	91	—	7	6 complied with
British fishing vessels	—	—	—	—
Total	94	—	7	6 complied with

* Including oral notices

***Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS,
1934 AND 1948.**

No change.

***Section XV — MEDICAL INSPECTION OF ALIENS**

No change.

***Section XVI — MISCELLANEOUS**

No change.

The Report of The Principal School Medical Officer

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EDUCATION COMMITTEE

1956 - 1957

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The Reverend J. E. TREVITHICK

E. UNWIN, Esq.

The Reverend S. WEBB

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

G. M. REYNOLDS, M.B., B.Ch., B.Sc., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Principal School Dental Officer :

W. NICHOLLS, L.D.S., R.C.S.

School Dental Officer :

K. L. HARRIES, L.D.S., R.F.P.S.

Speech Therapist (part-time) :

D. BARBER, L.C.S.T.

School Nurses :

R. WHILEY, S.R.N. (full-time)

D. IRELAND, S.R.N. (full-time)

E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

E. CHARMAN, S.R.N., S.C.M., H.V.cert. (part-time)

Chief Clerk :

J. SAUNDERS, A.C.C.S.

Senior Clerk :

L. C. BANHAM

Clinic Clerks :

E. COOPER

M. ROWLAND

Dental Attendants :

R. NARRACOTT (resigned 21.4.56)

B. BOYES

B. J. ROLL (from 19.3.56)

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Health Department,
Town Hall,
Great Yarmouth.

29th March, 1957.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the work of the School Health Service for 1956.

The health of the school children remained, on the whole, satisfactory and there are not many points to which particular attention need be drawn.

The reduced medical establishment working on a revised time-table proved adequate for the needs of the service and after a trial period it was confirmed on a permanent basis.

THE EDUCATIONALLY SUBNORMAL CHILD

Under the section on Handicapped Pupils it may be noted that the number of educationally subnormal children ascertained is 32. This is just about one third of the number to be expected in the light of Ministry of Education pamphlet No. 5 which estimates that 1 per cent of the registered pupils in an urban area would need to be educated in special day schools or classes for educationally subnormal pupils.

The low local figure may be partly explained by the rather strict criteria which are applied here before a child is placed in this category. Judging by the records received of children who were classified in other areas and later transferred to this area, the criteria for some other authorities are less strict.

But while this may be a partial explanation, there is no doubt that the main cause is the failure of schools to refer for assessment all potential cases. Some schools indeed seldom refer any and the majority of ascertained children come from a minority of the schools. This may be due to the fact that there is in the town no special school or special class for the exclusive use of educationally subnormal pupils and that as a result teachers see little benefit in having them formally ascertained. It may well appear to them futile to send a child for an elaborate examination after which they receive a report that the child is educationally subnormal (a fact which they already know) and a recommendation that he should be given "special educational treatment in an ordinary school" (a service which they are already attempting to provide). It has, however, been repeatedly pointed out that this is not the whole story and that there are good reasons for the examination. Some of these are repeated here :—

1. Some children are found, as a result of the examination, not to be educationally subnormal but to be suffering from some other defect such as deafness and they may require entirely different educational treatment.
2. Some educationally subnormal children may, as a result of the examination, be recommended for transfer to a residential special school.
3. Some children may be found to be "incapable of receiving education in school" and be transferred to the Occupation Centre where they will receive training more suited to their ability.
4. A child who has been ascertained as educationally subnormal will, before leaving school, be re-assessed with a view to deciding whether he should be notified to the local health authority as "requiring supervision after leaving school". If the opportunity for this notification is lost the child will leave school without the benefits of the supervision which would help to protect him from the pitfalls which beset the adolescent mental defective in the community.
5. It is the *duty* of the local education authority to ascertain the educationally subnormal children in its area and the local School Regulations direct the attention of teachers to their special responsibilities in helping the authority to carry out this duty.
6. The full ascertainment of educationally subnormal pupils would help the local education authority to decide its policy on making special provision locally for pupils in this category.

I hope that teachers will note these points and that a better standard of assessment will be achieved in the future.

VACCINATION AND IMMUNISATION

The poliomyelitis vaccination scheme introduced by the Ministry of Health involved mainly school children in certain age groups. The response of parents was fairly satisfactory in view of the considerable amount of adverse publicity which the scheme received in the national press. The work of immunisation locally was carried out by the staff smoothly and without incident.

The introduction of poliomyelitis vaccination may have diverted some attention from diphtheria immunisation. It would appear that only an outbreak of diphtheria will shake the complacency of many parents on this subject.

INFESTATION WITH VERMIN

The incidence of infestation of heads remains about the same, and without more powers it seems unlikely that any impression can be made on the few families which are responsible for maintaining infestation in the town.

DENTAL SERVICE

This is the first full year since the introduction of the National Health Service Act in which the department has had two full time dentists. Much of their time has been devoted to relieving damage which

was allowed to proceed too far when the staff was short. There is still a long way to go before we achieve a proper awareness of the importance of a high standard of dental hygiene and of regular dental inspections and early treatment. The report of the Principal Dental Officer shows the work being done towards that end.

TUBERCULOSIS.

Two notifications of tuberculosis in schoolchildren are recorded but in neither case was there any reason to believe that the disease was contracted in school. The town has been fortunate in escaping so far any outbreaks in schools.

It is now a standard part of public health practice that people whose work brings them into frequent contact with children should have regular X-ray examinations of the chest to exclude unsuspected tuberculosis. The visit of the Mass Miniature Radiography Unit early in the year provided an opportunity for this locally but although the attention of all teachers was drawn to it, only a little more than half attended. Efforts will be made to obtain a better response in future years.

ACKNOWLEDGEMENTS

I am most appreciative of your continued support and encouragement and I extend my sincere thanks to all who have contributed towards the work recorded in this report.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

POPULATION AND SCHOOL ATTENDANCE

The estimated mid-year population of the Borough for the year 1955 was 51,600. This showed an increase of 50 over the corresponding figure for the previous year and it was the latest available at the time this report was written.

The number of pupils on the authority's registers in January 1956 was 9,082 which was 158 more than the figure for 1955. There were increases in the number of junior and secondary pupils (115 and 212 respectively) and a decrease of 169 in the number of infants.

The number of pupils on the registers in January of each year since 1948 is as follows :—

1948	1949	1950	1951	1952	1953	1954	1955	1956
6693	7135	7355	7545	7998	8435	8755	8924	9082

In their annual report for the year 1956, the Education Committee have pointed out that the so-called "bulge" resulting from the post-war increase in the birth-rate is now in the three age groups 7 to 8, 8 to 9 and 9 to 10. The oldest of these children will reach the secondary modern schools in September 1957; the youngest will not have passed out of these schools until 1964.

Absence of children from school on medical grounds sometimes gives rise to difficulties. While in the great majority of cases the absence is quite genuine, there are a few parents who plead medical grounds for the persistent or repeated absence of their children but who are unable to produce a medical certificate. Further action is sometimes difficult because general practitioners are under no obligation to issue medical certificates for school attendance purposes.

In an attempt to overcome the difficulty, suggestions were submitted to the Local Medical Committee and agreed by them. Under these, the schools stopped asking parents for medical certificates for the ordinary absence, but in the minority of cases where there was reason to suspect that the absence was not genuine, a specific request for a certificate was made to the practitioner by the School Health Service. This arrangement had the advantage of reducing the total amount of certification while providing the essential information. In practice it was very successful and general practitioners gave complete co-operation. In the great majority of cases in which they were approached it was recorded that the absence had not been sanctioned by them.

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Alderman Swindell	280	198	170	86
Greenacre	200	151	135	89
Northgate	160	85	71	84
St. George's	200	173	144	83
Cobholm*	190	130	112	86
Edward Worlledge	120	99	86	87
Church Road	280	212	174	82
Peterhouse	280	298	266	89
Stradbroke	200	156	138	88
Wroughton*	310	248	212	85
Herman	240	211	178	84
	2460	1961	1686	86
*including Nursery Class (30)				

<i>Juniors :</i>				
Greenacre	320	340	317	93
Nelson	280	285	265	93
North Denes	360	383	358	93
Northgate	120	105	95	90
Cobholm	200	185	174	94
Edward Worlledge	160	191	180	94
Church Road	320	247	226	91
Stradbroke	400	378	356	94
Wroughton	480	471	440	93
Peterhouse	480	481	445	93
	3440	3209	2990	93

SECONDARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
Greenacre	450	381	351	92
Hospital	480	367	333	91
Alderman Leach	540	447	414	93
Gorleston Girls'	480	450	412	92
Technical	680	565	530	94
Grammar	360	377	354	94
High	360	382	348	91
	3350	2969	2742	92

VOLUNTARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
St. Nicholas Boys'				
Senior	110	131	124	95
Junior	160	191	181	95
St. Nicholas Girls'				
Senior	114	105	100	95
Junior	156	153	145	95
St. Nicholas Infants	120	107	96	90
St. Mary's R.C.				
Senior	60	81	72	89
Junior	120	91	85	93
Infants'	72	46	43	93
	912	905	846	93

SCHOOL MEDICAL INSPECTION

The new arrangements for medical work in the School Health Service introduced during 1955 and described in the report for that year, have been found to work satisfactorily and it has not been necessary to introduce any further changes.

Pupils were examined in the three categories previously defined and children of between 6 and 7 years of age were given the additional vision tests as before.

The school medical officers carried out "periodic" inspections of 2,213 pupils out of the total school population of 9,044 and also 1,130 other inspections. Parents were notified in advance of the examinations and were asked to attend at appointed times to avoid unnecessary waiting.

"Re-inspection" of children found previously to be suffering from defects was maintained and accounted for 576 examinations by medical officers. Where necessary the children were referred for specialist treatment.

"Special" inspections were carried out of children not due for periodic inspection but in whose case parents, teachers or others requested such inspection.

Tests for colour vision, using the Ishihara charts, were carried out on boys of the third age group. It was not considered necessary to introduce the test for girls because colour blindness is so very rare among them.

The following tables give a statistical survey of the work and of the findings of inspection :—

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Periodic Medical Inspections

Number of inspections in the prescribed groups :—

Entrants	...	...	805
Junior leavers	...	...	761
Secondary leavers	...	...	647
			<hr/>
Total	...	...	2213
			<hr/>

Other Inspections

Special inspections	...	...	554
Re-inspections	...	...	576
			<hr/>
Total	...	...	1130
			<hr/>

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Group	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	2	131	120
Second age group	116	109	197
Third age group	157	47	195
Other periodic inspections	—	—	—
			<hr/>
Total	275	287	512
			<hr/>

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	47	7	4	1
Eyes :—				
Vision	275	126	83	1
Squint	31	11	2	—
Other	6	1	2	—
Ears :—				
Hearing	4	4	2	2
Otitis media	2	4	2	—
Other	10	1	—	1
Nose and throat	38	37	16	—
Speech	9	27	8	2
Lymphatic glands	4	7	1	—
Heart	2	12	—	—
Lungs	13	50	3	1
Developmental :—				
Hernia	7	2	—	—
Other	6	28	2	1
Orthopædic				
Posture	2	19	5	1
Feet	26	7	2	—
Other	42	20	4	4
Nervous system :—				
Epilepsy	5	—	—	—
Other	5	5	2	1
Psychological :—				
Development	5	39	4	4
Stability	4	26	3	1
Other	19	18	33	6

Physical condition of pupils inspected

In former reports this section was headed “General Condition of Pupils inspected” and three categories — Good, Fair and Poor — were recognised. In accordance with the recommendation in Ministry of Education Administrative Memorandum No. 515 the term “Physical Condition” is now used and only two categories, “Satisfactory” and “Unsatisfactory”, are recognised.

Age groups	No. of pupils inspected	Satisfactory	% of Total	Unsatisfactory	% of Total
Entrants	805	781	97	24	3
Second age group	761	737	97	24	3
Third age group	647	640	99	7	1
Other periodic inspections	—	—	—	—	—
Total	2213	2158	98	55	2

	Parents attending examinations				
	1952	1953	1954	1955	1956
Entrants	97%	95%	96%	96%	97%
Intermediate	82%	82%	87%	86%	85%
Leavers	35%	37%	26%	41%	36%

HEIGHTS AND WEIGHTS

The following tables give details over the past six years of the average heights and weights of three groups of children who were between certain age limits at the time of weighing. The age limits chosen were :—

- (1) Age 5 years 6 months — 6 years.
- (2) Age 11 years — 11 years 6 months.
- (3) Age 14 years 3 months — 14 years 9 months.

An age limit of six months has been used in arriving at the averages given in the tables because too wide a scatter of figures would probably result from the inclusion of all children in an “inspection” age group or even from an age limit of twelve months.

First Age Group

		No. in group	Average age	Average height	Average weight
Girls	1951	118	5 7/12	43.2 ins.	43.5 lbs.
	1952	134	5 7/12	43.8 ins.	43.7 lbs.
	1953	125	5 7/12	43.2 ins.	43.2 lbs.
	1954	99	5 7/12	44.0 ins.	44.2 lbs.
	1955	69	5 8/12	43.4 ins.	44.2 lbs.
	1956	68	5 8/12	44.6 ins.	43.7 lbs.
Boys	1951	118	5 7/12	43.7 ins.	44.6 lbs.
	1952	140	5 7/12	44.2 ins.	45.5 lbs.
	1953	127	5 7/12	44.3 ins.	43.6 lbs.
	1954	119	5 8/12	44.1 ins.	45.2 lbs.
	1955	98	5 8/12	43.8 ins.	46.0 lbs.
	1956	61	5 8/12	44.1 ins.	44.8 lbs.

Second Age Group

		No. in group	Average age	Average height	Average weight
Girls	1951	148	11 2/12	55.5 ins.	75.3 lbs.
	1952	189	11 2/12	55.8 ins.	77.1 lbs.
	1953	189	11 2/12	55.9 ins.	75.5 lbs.
	1954	187	11 2/12	54.4 ins.	76.4 lbs.
	1955	204	11 3/12	55.7 ins.	79.3 lbs.
	1956	213	11 3/12	56.1 ins.	81.2 lbs.
Boys	1951	155	11 2/12	55.0 ins.	73.2 lbs.
	1952	159	11 2/12	55.9 ins.	77.6 lbs.
	1953	194	11 2/12	56.0 ins.	76.5 lbs.
	1954	184	11 2/12	55.5 ins.	77.1 lbs.
	1955	208	11 3/12	56.0 ins.	78.3 lbs.
	1956	181	11 3/12	55.5 ins.	76.6 lbs.

Third Age Group

		No. in group	Average age	Average height	Average weight
Girls	1951	148	14 6/12	60.0 ins.	109.2 lbs.
	1952	118	14 6/12	61.7 ins.	111.5 lbs.
	1953	160	14 6/12	62.0 ins.	111.8 lbs.
	1954	114	14 6/12	62.1 ins.	112.6 lbs.
	1955	118	14 6/12	61.6 ins.	109.6 lbs.
	1956	123	14 6/12	62.0 ins.	112.6 lbs.
Boys	1951	101	14 6/12	61.3 ins.	107.4 lbs.
	1952	134	14 5/12	62.3 ins.	107.6 lbs.
	1953	127	14 7/12	63.5 ins.	112.0 lbs.
	1954	119	14 6/12	62.2 ins.	107.8 lbs.
	1955	132	14 6/12	62.4 ins.	112.7 lbs.
	1956	133	14 6/12	63.1 ins.	110.8 lbs.

TREATMENT

CLINICS

Two school clinics are situated in the area :—

Great Yarmouth School Clinic,
Greyfriars Way.

Gorleston School Clinic,
Trafalgar Road East.

These clinics were open on every school day and the service was available during the school holidays although attendances then were very much fewer. A medical officer was in attendance at two sessions per week at each clinic and the remaining sessions were supervised by a school nurse. This change of policy was introduced last year because of the general improvement in the health of the schoolchildren over the years; the number of children attending and the nature of their complaints made it clear that it was in general unnecessary for every child to be seen by a medical officer on the date of his first attendance. The nurse could arrange for the child to be seen by the medical officer on a subsequent visit, but if it appeared in any particular case that delay would be harmful, she could call for a special visit by a medical officer to the clinic.

The clinics dealt mainly with the treatment of minor ailments and skin disorders but were also open for consultation on other diseases and defects and for the periodic re-examination of schoolchildren requiring follow-up advice and treatment.

The Ministry of Education tables in the following sections show the number of cases treated at the clinics and also, under the heading “otherwise”, the numbers reported by the hospital authorities as having received treatment under arrangements made by them.

The total number of attendances at the authority’s clinics for all purposes except errors of refraction was :—

	1956	1955
Great Yarmouth	3375	2784
Gorleston	2421	2472
	<hr/>	<hr/>
	5996	5256
	<hr/>	<hr/>

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

A total of 644 cases were treated by the authority.

The table below analyses the skin diseases treated. There were no cases of scalp ringworm. The two cases of body ringworm were treated at the school clinics.

Facilities for the treatment of scabies were available at both clinics but no cases occurred during the year.

The number of cases of impetigo treated was 53 as against 103 last year.

159 cases of warts, treated with carbon dioxide and other methods, were amongst the “other” skin diseases.

Number of defects treated or under treatment during the year by the Authority		
	1956	1955
Ringworm—scalp	—	—
—body	2	5
Scabies	—	—
Impetigo	53	103
Other skin diseases	589	475
Total	644	583

EYE DISEASES, DEFECTIVE VISION AND SQUINT

The minor ailments clinics were responsible for treating conjunctivitis, blepharitis and other diseases of the eye within their scope. The number of such cases treated was 69. More serious conditions were referred to hospital.

Clinics for defective vision provided by the education authority were held once or twice weekly as required. The ophthalmologist was employed and paid by the authority on a sessional basis but fees payable by the Executive Council under the Supplementary Ophthalmic Service were handed over to the authority. Glasses were provided through Executive Council arrangements but the education authority undertook financial responsibility for repair and replacement with standard frames in cases where a charge was made for these services.

The clinic dealt mainly with errors of refraction; cases of squint or amblyopia requiring operative or orthoptic treatment were referred to hospital.

The ophthalmologist reports that cases of amblyopia are now being detected earlier as a result of the school nurses’ test of children’s vision in infants’ schools. Extra clinics were arranged to cope with these cases.

She again draws the attention of parents to the possible harmful effects of prolonged and indiscriminate looking at television programmes.

She also draws attention to the fact that the frames provided free are much less durable than those which are provided against payment, but that parents are dissuaded from purchasing the better frames

by the fact that they have to pay also £1 for the lenses. She makes a plea for the provision of free lenses for the better frames.

The following table summarises the work done :—

	Number of cases treated	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	69	19
Errors of refraction (including squint)	697	56
Total	766	75
Number of pupils for whom spectacles were prescribed	178	23

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 103 as compared with 102 last year.

The number who received operative treatment at hospital for tonsils and adenoids was 307 against 329 last year. Medical opinion has moved strongly against the indiscriminate removal of tonsils and adenoids and this view is reinforced by the findings of the Medical Research Council that persons whose tonsils had been removed were more likely to develop the bulbar form of poliomyelitis than those who had not had the operation, even if years had elapsed between the removal of the tonsils and the onset of poliomyelitis.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment :—		
for diseases of the ear	—	7
for adenoids and chronic tonsillitis	—	307
for other nose and throat conditions	—	29
Received other forms of treatment	103	4
Total	103	347

At the request of the Ministry of Education a record was kept of all children seen at periodic medical inspections who had undergone tonsillectomy at any time previously. The following table gives particulars of the results of this survey. It is of interest to note that one child in every four was found to have had the operation.

TONSILLECTOMY IN SCHOOL CHILDREN SEEN IN 1956

Age group	No. inspected			Nos. found to have had tonsillectomy					
	M.	F.	Total	M.		F.		Total	
				No.	%	No.	%	No.	%
3 -	10	7	17	—	—	—	—	—	—
4 -	106	122	228	6	5.32	6	4.92	12	5.29
5 -	254	217	471	17	6.69	16	7.37	33	7.01
6 -	38	35	73	11	28.95	8	22.86	19	26.03
7 -	6	3	9	—	—	1	33.33	1	11.11
8 -	1	1	2	—	—	—	—	—	—
9 -	1	1	2	—	—	—	—	—	—
10 -	3	1	4	1	33.33	—	—	1	25.00
11 -	279	285	564	101	36.20	90	31.58	191	33.86
12 -	97	99	196	28	28.87	29	29.29	57	29.08
13 -	—	—	—	—	—	—	—	—	—
14 -	9	2	11	2	22.22	1	50.00	3	27.27
15 -	225	233	458	76	33.78	68	29.18	144	31.45
16 -	61	36	97	27	44.27	13	36.11	40	41.24
17 -	32	20	52	16	50.00	9	45.00	25	48.07
18 -	8	12	20	5	62.50	3	25.00	8	40.00
19 -	5	4	9	1	20.00	2	50.00	3	33.33
Totals	1135	1078	2213	291	25.64	246	22.81	537	24.27

ORTHOPAEDIC AND POSTURAL DEFECTS

The authority does not provide an orthopaedic clinic and all cases are referred to hospital for treatment. Unfortunately the hospital was not able to set up a special clinic for children and they were dealt with at the ordinary outpatient sessions.

		Number of cases treated	
		By the Authority	Otherwise
Number of pupils known to have been treated at clinics or outpatient departments		—	225

The child guidance clinic provided by the hospital authorities continued to operate satisfactorily, and I am obliged to Dr. J. V. Morris, the consultant psychiatrist, for the following details.

Sixty-three sessions were held at Northgate Hospital and 224 cases were dealt with as compared with 189 last year. New cases numbered 39 and old cases 185.

Extra sessions were held as required and there was no build-up of the waiting list. All cases were seen within one month of referral.

The staff consisted of Dr. R. C. MacGillivray as Consultant Psychiatrist up to the 28th March 1956, and Dr. J. V. Morris thereafter with Dr. Anne K. Gillie, Senior Registrar, and Miss C. M. Mathieson, Senior Clinical Psychologist.

The sources of reference of cases were :—

General medical practitioners and hospital specialists	59%
Staff of the School Health Service	33%
Probation Officers	8%

The rise from 48 per cent to 59 per cent in cases referred by general practitioners may, in the view of Dr. Morris, indicate that more cases are being referred before they become troublesome in school.

The majority of cases (61 per cent) were referred because of behaviour or emotional difficulties.

SPEECH THERAPY

A part-time speech therapist employed by the authority held two sessions weekly, one at Yarmouth Clinic and one at Gorleston.

She reports that about 56 per cent of the patients treated had dyslalia, and she asks for the help of parents and teachers in giving daily practice. All children, except stammerers, attending the clinic are given practice cards to guide helpers at home and at school. With daily practice, a few visits to the therapist may complete treatment, but without it the benefit of the Clinic may be largely lost between weekly visits.

Only one severe speech defect of nervous origin was treated. The therapist considers this to be a small number for the school population.

The following is a statistical summary of the work at the clinics :—

	Yarmouth	Gorleston	Total
Cases treated	36	47	83
Attendances	302	294	596
New Cases	9	15	24
Discharged with satisfactory speech	10	13	23
Left area	—	—	—
Defects treated :			
Stammering	12	18	30
Cleft palate	3	4	7
Dyslalia	18	23	41
Deaf speech	1	1	2
Rhinolalia	—	—	—
Spastic speech	1	—	1
Low I.Q.	1	1	2

MINOR AILMENTS

The number of minor ailments treated at the clinics was 557 as against 607 last year. As the standards of living and personal cleanliness improve the work of these clinics may be expected to decrease and, as indicated earlier, the attendance of medical officers at these clinics has been reduced accordingly. They still however provide most useful and readily available centres for the treatment of the minor ailments and injuries to which the school child is exposed. In providing early treatment, and preventing more serious conditions, they help towards a good standard of school attendance.

HANDICAPPED PUPILS

It is one of the primary functions of the School Health Service to ascertain at an early stage pupils who through some disability, physical or mental, require special education of a kind not usually provided in an ordinary school. According to the nature and degree of the disability such special education can be given in residential or day special schools, at special classes in ordinary schools or at home.

The local policy is to retain pupils in ordinary schools wherever possible and, with this end in view, special transport is provided when required to take children to and from schools. The teachers have shown excellent co-operation in making special arrangements in schools and thereby some very difficult cases enjoyed the benefits of education with their fellows in an ordinary school in their home town.

As described in last year's report, the East Anglian School for the Blind and Deaf now only accepts those pupils who are either deaf or partially sighted. The blind and partially deaf, who were at one time pupils there, have been transferred to other residential special schools.

During the year the following handicapped pupils were newly ascertained :—

Physically handicapped	1
Educationally subnormal	4
Maladjusted	2

One maladjusted child was admitted to a boarding home.

At the end of the year there were 63 pupils on the handicapped pupils register. The special categories of handicapped pupils, together with the local position regarding them, is shown below :—

(a) Blind pupils — that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Classified—1.

Recommended for residential special school—1.

Placed in residential special school—1.

(b) Partially sighted pupils — that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Classified—3.

Recommended for residential special school—3.

Placed in residential special school—3.

(c) Deaf pupils — that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Classified—6.

Recommended for residential special school—6.

Placed in residential special school—6.

(d) Partially deaf pupils — that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

Classified—1.

Recommended for residential special school—1.

Placed in residential special school—1.

(e) Educationally subnormal pupils — that is to say, pupils who, by reason of limited ability or other conditions resulting in educational

retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Classified—32.

Recommended for residential special school—4.

Placed in residential special school—2.

Recommended for day special school (for record purposes only, no such school available)—18.

Recommended for special educational treatment in ordinary schools—10.

Being educated at ordinary school—30.

Five children in the educationally subnormal group who were approaching school-leaving age were reported to the local health authority under section 57(5) of the Education Act, 1944, as being in need of supervision after leaving school and were thereby brought under the care of the local health authority.

Four children who were considered to be incapable of receiving education in school were reported to the local health authority under Section 57(3) of the Education Act, 1944, and were similarly brought under the care of that authority.

In Ministry of Education pamphlet No. 5 it is estimated that 1 per cent of the registered pupils in an urban area would need to be educated in special day schools or classes for educationally subnormal pupils. This means that for Great Yarmouth with a school population of 9,073 there would be an expected list of 90 educationally subnormal pupils but there are in fact only 32 such pupils classified. As there is no day special school or a special class for the exclusive use of educationally subnormal pupils in the borough, it may be that head teachers see no advantage in referring backward pupils for special examination. There may be some reluctance to send pupils for purposes of classification only, but it must be remembered that it is the duty of every local education authority to ascertain those children in their area who require special educational treatment. The local education authority must also be satisfied that all pupils who in their opinion require supervision after leaving school because of a disability of mind are notified to the local authority for the purposes of the Mental Deficiency Act, 1913. As, however, only about a third of the estimated number of educationally subnormal pupils is known, the authority is unable to carry out its duty in this matter and many children must now be leaving school who require supervision but who do not get it because they are not brought to the notice of the local health authority.

Reference is made in the introduction to this report to the fact that ascertainment is not complete, and an appeal is made to teachers to correct this by referring all children who they feel might belong to this category.

Dr. McClintock, one of the School Medical Officers, was sent by the authority to take a course run by the National Association for Mental

Health in conjunction with London University on Educationally Subnormal Children and Mental Defectives, with a view to her qualifying for recognition by the Ministry of Education for the purpose of the ascertainment of educationally subnormal pupils.

(f) Epileptic pupils — that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Classified—1.

Recommended for residential special school—1.

Placed in residential special school—1.

(g) Maladjusted pupils — that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Classified—6.

Recommended for residential special school or hostel—6.

Placed in residential special school—Nil.

Placed in independent residential special school—2.

Placed in residential hostel and being educated at ordinary school—2.

Awaiting admission to a residential hostel or special school—2.

Dr. Reynolds, one of the School Medical Officers, was sent by the authority to take a course on Child and Family Psychiatry arranged for the East Anglian Regional Hospital Board by the Department of Child Psychiatry at Ipswich.

(h) Physically handicapped pupils — that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Classified—13.

Recommended for residential special school—5.

Placed in residential special school—4.

Receiving special educational treatment in hospital—1.

Receiving special educational treatment in a hospital school—Nil.

Receiving special educational treatment in an ordinary school—6.

Receiving home teaching—2.

(i) Pupils suffering from speech defect — that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Classified—Nil.

It is to be noted that 83 children attended the Speech Therapy Clinic for speech defects but it was not considered necessary to bring any of them within the above definition.

(j) Delicate pupils — that is to say, pupils not falling under any other category in the Regulations, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Classified—Nil.

HOME TEACHING

Home teaching is provided for handicapped children who for any reasons are unsuitable for special schools or who have long periods to wait before vacancies are obtained for them in such schools.

The four children who received home teaching during the year all came within the physically handicapped group. The following are brief details concerning them :—

- (1) A boy, aged 14 years, suffering from paralysis following poliomyelitis. He was admitted to a residential special school in May 1950 and later transferred to a hospital for a prolonged course of treatment. In December, 1953, he was brought home at the request of his parents and was provided with home teaching. He has been brought to the notice of the Youth Employment Officer so that the question of further education or training can be considered before he ceases to be of compulsory school age.
- (2) A boy, aged 8 years, suffering from pseudo hypertrophic muscular dystrophy. After a period at an ordinary school, home teaching was commenced in May.
- (3) A boy, aged 7 years. After a fracture of the right foot he was unable to attend school and was provided with home teaching for a period of six months.
- (4) A boy, aged 14 years, suffering from pseudo hypertrophic muscular dystrophy. Home teaching has been provided since 1951.

All children who received home teaching were visited regularly at their homes by one of the school medical officers.

VACCINATION AND IMMUNISATION

SMALLPOX

No service for vaccination against smallpox is provided directly by the School Health Service. The general health report records the efforts being made to raise the level of infant vaccination but, until these are successful, it is not proposed to introduce a service for the re-vaccination of school children.

DIPHTHERIA

The figures below show a considerable decrease in the work done among school children in connection with diphtheria immunisation. As the memory of an outbreak or even a case of diphtheria fades from the public mind it becomes increasingly difficult to persuade parents of the need to maintain a high level of immunity and the slightest relaxation of effort may produce a fall such as is recorded here.

	1956	1955	1954
First immunisation	44	56	80
“Booster” doses	306	702	642
Percentage immunised between 5 and 15 years	54.1 %	55.1 %	54.1 %

TUBERCULOSIS

In October, 1956 the Minister of Health approved the following amendment to the Council's existing proposals under the National Health Service Act, 1946 :—

“The local health authority also intends to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, to school children between their thirteenth and fourteenth birthdays. The vaccination will be carried out on the responsibility of the Medical Officer of Health, by Medical Officers expressly designated for this purpose by the authority.

“The Council will also make arrangements to offer B.C.G. vaccination to any other classes of person as may be approved from time to time by the Minister of Health.”

A scheme for the Mantoux testing and, if necessary, B.C.G. vaccination of these school children was prepared and it is hoped that it will be possible to put it into effect early in 1957.

POLIOMYELITIS

The arrangements for immunisation against poliomyelitis were organised by the Ministry of Health and details are more fully recorded in the general health report (on page 49). As the scheme involved school children, the following brief details are recorded here; invitations to register for vaccination were issued in respect of 6,407 children born between 1947 - 1954 and accepted for 2,204 (34.4 per cent). The amount of vaccine received permitted the vaccination of 237 of these children.

INFECTIOUS DISEASES

GENERAL

The following table shows the number of notified cases of infectious disease in children of compulsory school age during 1956 and in preceding years. The incidence was very low indeed and for the fifth successive year no case of diphtheria occurred in the Borough.

Disease	1956	1955	1954	1953	1952	1951	1950
Scarlet fever	27	14	38	33	22	26	72
Diphtheria	—	—	—	—	—	1	1
Measles	6	129	328	30	835	10	50
Whooping cough	4	71	29	68	49	31	143
Pneumonia	1	1	2	3	4	2	2
Poliomyelitis	—	2	3	2	—	1	4
Dysentery	1	34	1	89	—	17	—
Encephalitis	—	—	3	—	—	1	—
Food Poisoning	14	—	4	4	2	2	8

The fourteen cases of food poisoning did not appear to be connected with one another apart from two cases in the same family. They were notified at different times of the year and came from various parts of the town.

EXCLUSION FROM SCHOOL

The Ministries of Education and Health published during the year a Joint Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Illness. An appendix to this memorandum, reproduced on page 122, revised the incubation and exclusion periods of the commoner infectious diseases and the Education Committee resolved that these exclusion periods should be applied subject to their being modified on medical advice in individual cases. The current School Regulations were amended accordingly.

DISINFECTION

Bearing in mind the recommendations contained in the Joint Memorandum and in order to bring current practice into line with changed medical opinion, terminal disinfection as a routine after scarlet fever was discontinued towards the end of the year.

Instead of offering disinfection, the staff advised householders to clean and air their premises thoroughly. The service remained available however when it was particularly requested.

For diseases other than scarlet fever, it was decided to consider the necessity for disinfection in relation to the circumstances of individual cases.

INCUBATION AND EXCLUSION PERIODS OF THE COMMONER INFECTIOUS DESEASES

	Usual incubation period (days)	Interval between onset and appearance of rash (days)	Patients	Period of exclusion
SCARLET FEVER (and streptococcal sore throat).	2-5	1-2	7 days after discharge from hospital or from home isolation. (Unless "cold in the head", discharge from the nose or ear, sore throat, or septic spots be present).	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
DIPHTHERIA	2-5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
MEASLES	10-15	3-4	10 days after the appearance of the rash if child appears well.	Children under 5 years of age should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14-21	0-2	7 days from the appearance of the rash.	None.
WHOOPING COUGH	7-10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12-28	—	7 days from the subsidence of all swelling.	None.
CHICKEN POX	11-21	0-2	14 days from the date of appearance of the rash.	None.
POLIOMYELITIS	7-14	—	} At least 6 weeks. Will usually require a much longer period for recovery.	
ENCEPHALITIS	4-30	—		
MENINGOCOCCAL INFECTION	2-10	—		At least 21 days.

TUBERCULOSIS

There were two notifications of pulmonary tuberculosis in children of school age and none of non-pulmonary tuberculosis.

One of the two cases was a girl aged 13 years attending a secondary modern school who had previously been under the observation of the chest physician as a contact of both her father and her mother.

The second case was in a girl aged 18 years attending the High School. No source of infection was found among family contacts and it was decided to carry out an investigation of the school. All except 12 of the parents gave their consent to the investigation. A tuberculin test (Heaf) was given to 394 children. The 84 positive reactors (21 per cent) attended the Chest Clinic for X-rays and, in addition, 8 children who had refused the tuberculin test and all members of the staff also attended. One girl aged 15 years was found to have tuberculosis and was admitted to a sanatorium but as the investigation continued into 1957 she is not included among the notifications referred to above.

Twenty school children who attended the Chest Clinic as contacts of known cases of tuberculosis were given B.C.G. vaccination.

As part of the general scheme to protect school children from tuberculosis, 15 student teachers were X-rayed at the Chest Clinic before entering college.

The Mass Radiography Unit visited the town early in the year and all teachers were reminded of the importance of attending. Unfortunately the response was not as good as it ought to have been; only 56.7 per cent attended. Further reference to this subject is made in the introduction to this report.

DEATHS OF SCHOOLCHILDREN

There were three deaths during the year among children of school age. Two of these occurred in March and the third in April. The registered causes of death were :—

- (1) Intracranial tumour (astrocytoma of brain stem).
- (2) Cerebral tumour (glioma).
- (3) 1.a. Broncho-pneumonia.
b. Pseudo-hypertrophic muscular dystrophy.

INFESTATION WITH VERMIN

Cleanliness surveys were carried out each term by the school nurses and individual pupils were followed up as required. Infested children

were excluded from school and an informal letter was sent to the parents in each case; a suitable insecticide was supplied at the minor ailment clinic for use at home. Daily inspections were then made of these children and they were only allowed to return to school when clean.

The following is a statistical survey of the work :—

Total number of examinations in the schools by the school nurses or other authorised persons	...	24,449
Total number of individual pupils found to be infested		153
Number of individual pupils in respect of whom cleansing notices were issued (section 54(2), Education Act, 1944)	... ..	—
Number of individual pupils in respect of whom cleansing orders were issued (section 54(3), Education Act, 1944)	... ..	—

The following table shows a comparison with previous years and gives particulars of the number of children and percentage of the school population found to be infested :—

1950	224	3.0%
1951	254	3.3%
1952	191	2.3%
1953	131	1.5%
1954	117	1.3%
1955	162	1.8%
1956	153	1.7%

The table shows that the amount of infestation was much the same as in 1955. Although this was much less than the national percentage of 4.1 for the year 1955, it is still too high. Much of the infestation in the town is due to a small number of families whose children are repeatedly verminous. If adequate statutory powers existed to inspect and clean up the other members of these families, it would be possible to eliminate this problem entirely in a comparatively short time.

Consultation took place with the Great Yarmouth and Gorleston Branch of the National Hairdressers' Federation on the point raised in the last report that verminous children have been known to have haircuts and even permanent waves in local hairdressing establishments. The Branch gave an assurance that under no circumstances would their members work on verminous heads.

SCHOOL DENTAL SERVICE

WALTER NICHOLLS, L.D.S., R.C.S., *Principal School Dental Officer*

During 1956 regular dental inspections were continued in the Yarmouth and Gorleston area, and the treatment was carried out by separate dental officers at the two permanent clinics. At each clinic attendance was satisfactory, every effort was made to encourage regular treatment, and it is gratifying to note that the percentage of acceptances of treatment is increasing.

Although the acceptance of treatment was good, the number of acceptances shows a marked difference in different schools. This can be improved by co-operation not only with the doctors and nurses, but also with the school staff who can, perhaps, do more to help in this matter than anyone else. Children and parents are more likely to listen to someone they know than the dental staff whom they only see now and again. With greater co-operation by all concerned more children would grow up with the idea that dentistry is a normal part of bodily care and that it has an enormous influence on physical health and happiness.

A start has been made with building up a register in each district of those children whose parents are particularly keen to send them regularly for inspection and any treatment necessary. It is hoped that it may be possible as time goes on to get more and more children to come in this way. As appointments for such children are rarely broken, the chances of detecting caries in the early stages are greatly enhanced, and it becomes possible to avoid doing large doubtful restorations, which, if they fail, can be so detrimental to the advancement of conservative work in the School Dental Service. Thanks are due to those parents who see that their children keep their dental appointments, or who send word to the clinic if unavoidable circumstances prevent the appointments being kept.

During the year, there have been cases requiring treatment caused by conditions that might be classed as "dirty mouths". Much more could be done in the home and in the schools to persuade children to put into practice the principles that are continually being stressed in the Dental Service. The provision of school meals, for example, is an excellent opportunity for improving the standard of oral hygiene even if the children are only taught to rinse their mouths after meals. More children could be provided with toothbrushes by their parents. To give a child a toothbrush and to teach him to use it are by far the cheapest ways of avoiding dental decay.

At the same time, it is probable that general interest in the care of children's teeth is on the whole improving. The unreasonableness and apathy towards necessary treatment at one time encountered so frequently in the School Dental Service are nowadays decidedly less noticeable and this is clearly reflected in the prevailing attitude towards

having teeth filled. During 1956, for example, for every tooth extracted as a result of routine inspection no less than five teeth were filled. In special or emergency cases the proportion was one to three.

The number of general anæsthetics has risen from 936 in 1955 to 1,523 in 1956. This combined with the fact that it is by no means uncommon for parents to ask for "gas" suggests that it is not only a service that is essential but that it is also one that is appreciated by all concerned.

Forty half-days were spent in routine inspection and an average of 108 children were examined at each session. In all, 3,873 children were referred from these inspections and 2,347 or 63 per cent actually received treatment. Extractions amounted to 703 permanent and 2,416 temporary teeth and 2,383 permanent and 299 temporary teeth were filled. Other operations including dressings, silver nitrate treatment, sealing and polishing teeth and gum treatments amounted to 1,995.

Special application by parents for treatment was made in 1,988 cases, an increase of 1,000 on last year's figure. 107 removable orthodontic appliances were fitted and 26 children were supplied with partial dentures.

One of the more striking features of the year's work was the increase in the orthodontic branch of treatment. The number of patients increased so rapidly that it became necessary to allocate one mid-week session and part of Saturday morning entirely to this form of treatment.

Irregularity of teeth is common and orthodontics is concerned with moving them to normal positions. This necessitates the wearing of an appliance over long periods which may cause inconvenience to the patient but the results obtained from a better regulation of the teeth are well worth while. Very often children require a considerable amount of patience and coaxing to persuade them to wear an orthodontic appliance and, from experience, it has been found that this type of treatment is best reserved for the bright, active, co-operative child who is willing to wear it during the day as well as at night, and whose parents are likely to encourage their child to follow the advice they have been given.

The psychological aspect must not, however, be forgotten, for the presence of unsightly teeth or apparatus may upset the development of a sensitive child's personality, owing to real fear of ridicule from his playmates. With some children, experience has therefore shown it to be more advisable to avoid orthodontic treatment altogether. Many of these children have, however, been helped considerably by a judicious extraction of teeth.

It will be readily understood that the more difficult cases cannot be handled but the growing interest by parents and children in this branch of dentistry has shown that an orthodontic scheme can function usefully in connection with the School Dental Service.

The Gorleston Clinic has been made much more comfortable and up-to-date by some structural alterations and decorations and by the introduction of improved heating, lighting and furnishings.

Throughout the year, the work has been made easier by the help received from the dental attendants, doctors, nurses, head teachers and their staffs. Thanks are due to all of these for their cooperation and assistance.

The following statistics give particulars of the work done during the past two years :—

Number of pupils inspected by the authority's Dental Officers :—

						1955	1956
Periodic age groups	...	...	...	...	...	3564	4340
Specials	...	...	...	...	...	964	1988
						<hr/>	<hr/>
Total	...	...	...	...	...	4528	6328
						<hr/>	<hr/>

Number found to require treatment	...	...	...	...	...	3407	3872
Number referred for treatment	...	...	...	...	...	3001	2843
Number actually treated	...	...	...	...	...	2086	2347
Attendances made by pupils for treatment						4511	5973

Half-days devoted to :—

Inspection	...	...	...	...	...	34	40
Treatment	...	...	...	...	...	723	815
						<hr/>	<hr/>
Total	...	...	...	...	...	757	855
						<hr/>	<hr/>

Fillings :—

Permanent teeth	...	...	...	...	...	2281	2664
Temporary teeth	...	...	...	...	...	229	319
						<hr/>	<hr/>
Total	...	...	...	...	...	2510	2983
						<hr/>	<hr/>

Number of teeth filled :—

Permanent teeth	...	...	...	...	...	1976	2383
Temporary teeth	...	...	...	...	...	210	299
						<hr/>	<hr/>
Total	...	...	...	...	...	2186	2682
						<hr/>	<hr/>

Extractions :—

Permanent teeth	...	...	...	...	...	459	703
Temporary teeth	...	...	...	...	...	2092	2416
						<hr/>	<hr/>
Total	...	...	...	...	...	2551	3119
						<hr/>	<hr/>

					1955	1956
Administration of general anæsthetics for extractions	936					1523
Other operations :—						
Permanent teeth	...	...	...	...	703	1136
Temporary teeth	...	...	...	...	880	859
Total	...	...	...	...	1583	1995

PROVISION OF MILK AND MEALS

MILK

Milk continued to be made available in one-third pint bottles for children attending schools in the Borough and about 80 per cent took advantage of the facilities. Following the receipt of Ministry of Education circular 302, arrangements were made for the various independent schools to be included in the scheme.

The arrangements for making milk available to pupils at certain centres during the summer holidays were discontinued in 1956. This also resulted from Ministry of Education circular 302 which stated that free milk would be available only during term time and only on days on which the schools were open for instruction.

The national scheme to provide cheap milk for children between the ages of 5 and 16 who were unable to attend school owing to disability of mind or body continued to operate satisfactorily throughout the year.

MEALS

Mid-day meals continued to be made available by the School Meals Service and the following table gives particulars of the meals supplied over the past three years.

				1954	1955	1956
Total meals supplied	...			510,954	558,993	613,131
Free	...	...	...	73,701	64,720	75,932
On payment	...	...	...	437,253	494,273	536,199
Daily average of meals	...			2,647	2,896	3,123
Free	...	...	...	382	335	387
On payment	...	...	...	2,265	2,561	2,736

At seven of the schools the meals were prepared on the premises and the others were served either from the central kitchen in Lawn Avenue or from a nearby school kitchen.

A new scale of income limits in connection with the supply of free meals was approved by the Ministry of Education and came into operation on the 1st January 1956.

Following the receipt of Ministry of Education circular 308, the standard charge was increased by 1d. to 10d. a meal from the 1st September 1956. This new charge was subject to remission in appropriate cases.

EMPLOYMENT OF SCHOOLCHILDREN

Within four days of a child being employed, the local authority must receive from his employer a written notification stating the name, address and date of birth of the child, the occupation in which and the places at which the child is employed, and the times at which the employment begins and ends. A medical examination is then arranged and a certificate is issued, provided that the medical officer considers that such employment will not be prejudicial to the physical fitness of the child and will not render him unfit to receive proper benefit from his education.

The School Medical Officers examined 333 children to determine their fitness for employment. No certificates were refused but on two occasions their issue was deferred pending treatment being given to the child concerned.

YOUTH EMPLOYMENT

The number of children who left school during the year was 647 and for each of these a confidential medical report was sent to the Youth Employment Officer to assist her in placing those children who required advice in suitable employment.

In the case of handicapped pupils, an additional and more detailed report was prepared and the Chief Welfare Officer was also informed so that he might continue to assist them after they ceased to be the responsibility of the School Health Service. These reports stated the nature of the defect, the degree of disability and, whenever possible, recommended the type of work for which the pupils were more suited.

MEDICAL EXAMINATION OF TEACHERS

The medical examination of entrants to the teaching profession and to training colleges continued to be made in accordance with the arrangements given in Ministry of Education circular 249 of March 1952.

A total of 54 examinations took place in 1956. Of these, 34 were of candidates about to commence a course of training and the remainder

were either of new entrants to the profession or of practising teachers about to take up appointments with this authority. In addition, two examinations were carried out on behalf of other authorities.

An X-ray examination of the chest was included as an essential part of the medical examination of all new entrants to the profession and, where it appeared to be desirable, such an examination was also made in the case of entrants to courses of training.

HEALTH EDUCATION

The health of school children is a subject in which members of parent-teachers associations are naturally interested so that it is to them in particular that most talks and discussions have been given during the year. Medical Officers have also addressed young people's meetings associated with various churches as well as the Great Yarmouth Young Teachers' Association. The number of lectures given has increased compared with previous years and these have covered a wider range of subjects. In addition, extensive use was made of posters, films, film strips and other visual aids.

It is difficult to evaluate the results of these efforts but the discussions following lectures would seem to indicate that their purpose is being fulfilled in awakening genuine interest concerning the health of the school child.

SCHOOL HYGIENE

PREVENTION OF FOOD POISONING

The general arrangements described in the 1954 report for ensuring a high standard of hygiene in the preparation or serving of school milk and meals were maintained and appeared to be working satisfactorily. Public Health Inspectors carried out inspections of school kitchens but staff shortage prevented their doing so as frequently as was desirable.

All sources of milk supplied to schools were approved by the Medical Officer of Health and only pasteurised milk was provided. Twenty samples of school milk were taken for bacteriological examination and six for chemical analysis, and all satisfied the prescribed tests.

Advice on storage of school milk pending distribution was given and acted upon at four schools. One consignment of milk was investigated at the request of the Head Teacher but was found to be satisfactory.

The inspectors were called on three occasions to examine meat delivered to school kitchens and on two of these the meat was found to be unfit for food and was destroyed.

It is satisfactory to be able to report once again that there were no cases of food poisoning associated with the School Meals Service.

SANITARY IMPROVEMENTS IN SCHOOLS

The Schools Architect continued the work of improving the sanitary accommodation in schools. I am obliged to him for a list of these improvements which include a considerable amount of work on lavatory cisterns, W.C. pans, hand basins and general decorations. The usual inspection and maintenance of drains, manholes and vents were continued and also of flushing arrangements of W.C.s and urinals.

CO-ORDINATION

It can be stated with assurance that there has been no difficulty in obtaining co-ordination between the activities of the School Health Service and those of other services both voluntary and statutory which have to do with the health and welfare of children. Fuller details were contained in last year's report and there is nothing to add.

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